



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JUN 02 2023

272602

1. Entity ID Number 001723012		2. Exact name of the Corporation The Channing Memorial Church of Newport, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110					
6. Principal Office Address 135 Pelham St			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Virginia Spaulding			Vice-President Name Margaret Polski		
Street Address 54 Malbone Rd			Street Address 434 Bellevue Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Norman Moore			Treasurer Name Terrence Gavan		
Street Address 15 Samoset Ave			Street Address 1201 Capella S		
City Barrington	State RI	Zip 02806	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jo Ann Rosemont			Director Name Susan Kieronski		
Street Address 4 Nun Ave			Street Address 37 Catherine St		
City Jamestown	State RI	Zip 02835	City Newport	State RI	Zip 02840
Director Name Sondra Gold			Director Name Candace Martin		
Street Address 8 Equality Park West			Street Address 13 Sanderling Way		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Terrence Gavan, Treasurer					Date 5/30/23
Signature of Officer/Authorized Representative <i>Terrence Gavan</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov