



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUN -9 AM 10:04

Annual Report for the year: 2020

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.

1. Entity ID Number 000030473		2. Exact name of the Corporation Trustees of the West Barrington Methodist Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110					
6. Principal Office Address 230 Washington Rd.		City Barrington	State RI	Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jean Marie Josephson			Vice-President Name Rev. Michael Williams		
Street Address 606 Maple Avenue			Street Address 56 Belfort Ave.		
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02889
Secretary Name Sue Eddins			Treasurer Name Luther Blount, III		
Street Address 214 Terrace Avenue			Street Address 44 Beth Ave.		
City Riverside	State RI	Zip 02915	City Warren	State RI	Zip 02885
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 Allen Scott			Director Name Peter Harrington		
Street Address 56 Bagy Winkle Cove			Street Address 10 Newbrook Drive		
City Warren	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Jennifer Emerson			Director Name		
Street Address 100 Walnut Rd.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
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 <i>Pastor Michael Williams</i>				Date <i>6/6/23</i>	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222 3040
Website: www.sos.ri.gov

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