RI SOS Filing Number: 202336726450 Date: 6/9/2023 10:20:00 AM



State of Rhode Island

**Department of State - Business Services Division** 

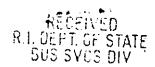
Annual Report for the year: 2019

**Non-Profit Corporation** 

Filing period: February 1 - May 1

→ Filing Fee: \$20.00

Penalty. Additional \$25.00 fee if form is not fled by May 31.



2023 JUN -9 AM 10: 04

1. Entity ID Number	2. Exact name of the Corporation  Trustees of the West Parrington Methodist Church				
000030473	Trustees of the West Barrington Methodist Church				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Religious Services				
4. NAICS Code					
813110					
6. Principal Office Address		-	City	State	Zıp
230 Washington Rd.			Barrington	RI	02806
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
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	<sup>Zip</sup> 02806	<sup>City</sup> Warwick	State RI	Zip 02889
Secretary Name Luther Blount, III			Treasurer Name Bill Sturm, Jr.		
Street Address 44 Beth Avenue			Street Address 869 Aquidneck Avenue.		
<sup>City</sup> Warren	State RI	<sup>Zip</sup> 02885	City Middletown	State RI	<sup>Zip</sup> 02842
8. List ALL directors (names and addresses), RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Allen Scott			Director Name Peter Harrington		
Street Address 56 Bagy Winkle Cove			Street Address 10 Newbrook Drive		
<sup>City</sup> Warren	State RI	<sup>Zip</sup> 02885	<sup>City</sup> Barrington	State Ri	Zip 02806
Director Name Jennifer Emerson			Director Name		
Street Address 100 Walnut Rd.			Street Address		
<sup>City</sup> Barrington	State RI	<sup>Zıp</sup> 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative				Date	
Pastor Michael Williams 6/6/23					
Signature of Officer/Authorized Representative FILED					
Militaria					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.r..gov

FORM 631- Revise 1 04/2023