



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016

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.

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BUS SVCS DIV

2023 JUN -9 AM 10:04

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. Byungmoo Lee	
Street Address 606 Maple Avenue		Street Address 224 Washington Rd.	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Sue Eddins		Treasurer Name Bill Sturm, Jr.	
Street Address 214 Terrace Avenue		Street Address 869 Aquidneck Avenue.	
City Riverside	State RI	City Middletown	State RI
Zip 02915		Zip 02842	
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 Luther Blount, III	
Street Address 56 Bagy Winkle Cove		Street Address 44 Beth Avenue	
City Warren	State RI	City Warren	State RI
Zip 02885		Zip 02885	
Director Name Marilyn Sykulski		Director Name	
Street Address 11 Pine Cone Drive		Street Address	
City Barrington	State RI	City	State
Zip 02806		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Marilyn Sykulski			Date 6/6/2023
Signature of Officer/Authorized Representative Marilyn Sykulski			

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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BY PS76T
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