



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: 2014

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. Byungmoo Lee		
Street Address 606 Maple Avenue			Street Address 224 Washington Rd.		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Anne Gass			Treasurer Name Stephen Herdrich		
Street Address 32 Apple Tree Lane			Street Address 33 Sunset Rd.		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02809
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 Coni Ferland		
Street Address 56 Bagy Winkle Cove			Street Address 244 Narragansett Ave.		
City Warren	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Bill Sturm, Jr.			Director Name		
Street Address 869 Aquidneck Avenue			Street Address		
City Middletown	State RI	Zip 02842	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 C. DIANE FELDMAN					Date 6-6-2023
Signature of Officer/Authorized Representative <i>C. Diane Feldman</i>					

FILED

JUN 09 2023
BY PS76T
AA. 10:15 A.M.

MAIL TO:
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