



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2007

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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R.I. DEPT. OF STATE  
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Theodore Sykulski			Vice-President Name Rev. Benjamin Abrahams		
Street Address 11 Pine Cone Drive			Street Address 224 Washington Rd.		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Jane Andrews			Treasurer Name Stephen Herdrich		
Street Address 17 Pine Avenue			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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Allen Scott			Director Name Charles Riotto		
Street Address 56 Bagy Winkle Cove			Street Address 20 Conway Drive		
City Warren	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Jean Marie Josephson			Director Name		
Street Address 606 Maple Ave.			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.					
<b>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.</b>					
<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 <i>PETER HARRINGTON</i>				Date 6/6/2023	
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

JUN 09 2023  
BY *PS76T*

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FORM 637 - Revised 04/2017