



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2005  
Non-Profit Corporation

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- 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) <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 Susan Dussalt-Eddins			Treasurer Name Stephen Herdrich		
Street Address 214 Terrace Ave.			Street Address 33 Sunset Rd.		
City Riverside	State RI	Zip 02915	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 John Hoder		
Street Address 56 Bagy Winkle Cove			Street Address 15 Seven Oaks Drive		
City Warren	State RI	Zip 02885	City Barrington	State RI	Zip 02806
Director Name Peter Harrington			Director Name		
Street Address 10 Newbrook Drive			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>					
<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>PETER HARRINGTON</i>					Date <i>6/6/2023</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					<b>FILED</b>

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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