State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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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1. Entity ID Number	2. Exact name of the Corporation
000078747	New England Yearly Meeting of Friends
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: NEYM is an association of Quaker meetings (churches) of the Religious Society of Friends; we provide administrative and program support and connect five local congregations in Rhode Island with about 60 other
4. NAICS Code: 813110 - Religious Orgar	

6. Principal Office Address	City	State	Zip
901 Pleasant Street	Worcester	MA	01602

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Mary Rebecca Leuchak			Vice-President Name: Susan Davies		
Street Address: 50 Boylston Avenue			Street Address: 21 Boynton Road		
City: Providence	State: RI	Zip: 02906	City: Liberty	State: ME	Zip: 04949
Secretary Name: Noah Merrill			Treasurer Name: Robert Murray		
Street Address: 5 Small Meadows Lane			Street Address: 12 Columbine Road		
City: Putney	State: VT	Zip: 05346	City: Milton	State: MA	Zip: 02186

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Jeremiah Dickinson			Director Name: Christopher Gant		
Street Address: 1 Hull Avenue			Street Address: 77 Waban Hill Road		
City: Dover	State: NH	Zip: 03820	City: Chestnut Hill	State: MA	Zip: 02467
Director Name: Leslie Manning			Director Name:		
Street Address: 4 Mast Landing			Street Address:		
City: Bath	State: ME	Zip: 04530	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
Mary Rebecca Leuchak/President	**12/18/2023**

Signature of Officer/Authorized Representative: Mary Rebecca Leuchak

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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 ML V4FF8
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FORM 631- Revised: 04/2023