



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>000025502</b>		2. Exact name of the Corporation <b>The Presbytery of Southern New England, Inc.</b>	
3. State of Incorporation <b>CT</b>		5. Brief description of the character of business conducted in Rhode Island <b>Oversight and partnership with Presbyterian Church (USA) congregations in Southern New England.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>2080 Boulevard</b>		City <b>West Hartford</b>	State <b>CT</b>
		Zip <b>06107</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Andre Castillo</b>		Vice-President Name	
Street Address <b>1 West Putnam Ave.</b>		Street Address	
City <b>Greenwich</b>	State <b>CT</b>	Zip <b>06830</b>	
Secretary Name <b>Kate Carlisle</b>		Treasurer Name <b>Phillip Phiri</b>	
Street Address <b>2080 Boulevard</b>		Street Address <b>130 DICKERMAN ST</b>	
City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06107</b>	City <b>Hamden</b>
			State <b>CT</b>
			Zip <b>06518</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Dan Blackford</b>		Director Name <b>Mieke Vandersall</b>	
Street Address <b>54 Thomas Olney Common</b>		Street Address <b>63 Mine Hill Road</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Roxbury</b>
			State <b>CT</b>
			Zip <b>06783</b>
Director Name <b>Brandi Drake</b>		Director Name	
Street Address <b>2011 Post Road</b>		Street Address	
City <b>Darien</b>	State <b>CT</b>	Zip <b>06820</b>	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 <b>Andre Castillo</b>			Date <b>12/15/23</b>
Signature of Officer/Authorized Representative 			

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 691A8  
