State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

FEB 14 2024
-22800

110-003

	2. Exact name of the Corporation: Burrillville Apostolic Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
9 MONK ROAD	WARWICK	RI	02889

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

President Name LISLE A. LINDSAY			Vice President Name		
Street Address P O BOX 393			Street Address		
City WRENTHAM	State MA	Zip 02093	City	State	Zip
Secretary Name JUDITH L. LINDSAY			Treasurer Name LISLE A. LINDSAY		
Street Address P O BOX 393			Street Address P O BOX 393		
City WRENTHAM	State MA	Zip 02093	City WRENTHAM	State MA	Zip 02093

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

Director Name LISLE A. LINDSAY			Director Name JULIE-ANN ELIZABETH NOGLER		
Street Address P O BOX 393			Street Address 9 MONK ROAD		
City WRENTHAM	State MA	Zip 02093	City WARWICK	State RI	Zip 02889
Director Name JUDITH L. LINDSAY			Director Name		
Street Address P O BOX 393			Street Address		
City WRENTHAM	State MA	Zip 02093	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
LISLE A. LINDSAY	**2/11/2024**

Signature of Officer/Authorized Representative: Lisle A. Lindsay

MAIL TO:
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Website: www.sos.ri.gov