



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.

**FILED**

MAR 12 2024

BY

1. Entity ID Number 000027270		2. Exact name of the Corporation The First Universalist Church of Burrillville, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110					
6. Principal Office Address 134 Harrisville Main Street			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Betty Mencucci			Vice-President Name Kenneth Hopkins		
Street Address 1777 Victory Highway			Street Address 200 Pheasant Drive		
City Glendale	State RI	Zip 02826	City Mapleville	State RI	Zip 02839
Secretary Name Betty Mencucci			Treasurer Name Kerry Hopkins		
Street Address 1777 Victory Highway			Street Address 40 Woodside Road		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
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 Ashley Hawkes			Director Name Ben Ryan		
Street Address 62 Angel Road			Street Address 544 Victory Highway		
City Chepachet	State RI	Zip 02814	City Mapleville	State RI	Zip 02839
Director Name Mike Ryan			Director Name		
Street Address 544 Victory Highway			Street Address		
City Mapleville	State RI	Zip 02839	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>Kerry Hopkins, Treasurer</b>				Date <b>03/01/2024</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.n.gov