	State of F Office of the S			Fee: \$20.00
	Division Of I	Business	Services	
		River Stu		
1636	Providence	e RI 02904 222-304		
	(401)	222-304	0	
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pro penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENT	ER THE CURRENT	YEAR 20	24 : <u>2024</u>	
1. Corporate ID No. <u>00015</u>	0290			
2. Name of Corporation The (Church At Westerly	<u>/</u>		
3. State of Incorporation				
State: <u>RI</u>				
	NAICS	CODE		
Using the dropdown labeled Na primary type of activity in whic populate a NAICS Code based box on the right. For further as	h your entity engage on the chosen seled	es. The b ction. If th	ox to the right of the NAICS Code is	the dropdown will known, enter it into the
NAICS Code				
<u>813110</u>				
4. Principal Office Address				
No. and Street: 120 M	IAIN ST			
		ate: <u>RI</u>	Zip: <u>02891</u>	Country: US
5. Brief Description of the Cha	racter of the Affairs	s Conduc	ted in Rhode Isla	and
ADVANCEMENT OF RELI	GION			
6. Names and Addresses of the first set	e Officers and Dire	ectors:		
All Directors and Officers mu Island Corporation shall not b		ually. The	number of DIRE	CTORS of a Rhode
Title	Individual Nan First, Middle, Last, Su			ddress vn, State, Zip Code, Country

PRESIDENT	FREDERICK L LAFOUNTAIN III	3 GREENMEADOW RD PAWCATUCK, CT 06379 US
TREASURER	FIONA LAFOUNTAIN	3 GREENMEADOW RD PAWCATUCK, CT 06379 US
SECRETARY	STEPHANIE LASOTA	25 SHAWANDASSEE DR STONINGTON, CT 06378 US
VICE PRESIDENT	FREDERICK L LAFOUNTAIN JR	3 GREENMEADOW RD PAWCATUCK, CT 06379 US
DIRECTOR	SHARON ORNBERG	42 EDGEWOOD AVE WESTERLY, RI 02891 US
DIRECTOR	JOANNE JONES	1 WEATHERVANE WAY BRADFORD, RI 02808 US
DIRECTOR	MAGGIE LAFOUNTAIN	3 GREENMEADOW RD PAWCATUCK, CT 06379 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN ORNBERG 120 MAIN STREET WESTERLY , RI 02891

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 26 Day of March, 2024 at 8:29:53 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By FIONA LAFOUNTAIN

Signature of Authorized Person

Form No. 631 Revised 09/07

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