	State of Rhode Office of the Secreta		Fee: \$20.00
		•	
	Division Of Business 148 W. River S		
	Providence RI 029		
1636	(401) 222-30		
Non-Profit Corporation Annual Report Filing Period: February 1 - May			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. 0000	26698		
2. Name of Corporation \underline{Arn}	old Mills United Methodist	<u>Church</u>	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in whi	ch your entity engages. The l d on the chosen selection. If	e classification title that describe box to the right of the dropdowr the NAICS Code is known, ente ssification <u>click here.</u>	n will
NAICS Code			
813110			
4. Principal Office Address			
No. and Street: 690 NATE	WHIPPLE HIGHWAY		
City or Town: <u>CUMBER</u>		State: <u>RI</u> Zip: <u>02864</u> Coun	try: <u>USA</u>
5. Brief Description of the Ch	naracter of the Affairs Condu	cted in Rhode Island	
LOCAL PARISH CHURCH	[
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not		e number of DIRECTORS of a	Rhode
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code	e, Country

PRESIDENT	KEITH JOHNSON	547 WOONSOCKET HILL ROAD NORTH SMITHFIELD, RI 02896 USA	
DIRECTOR	CYNTHIA MAUCH	23 WOLLEN DRIVE CUMBERLAND, RI 02864 USA	
DIRECTOR	CHARLES THURLOW	690 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA	
DIRECTOR	LINDSAY GETTINGER	690 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA	
DIRECTOR	LEE ANN COTTA	690 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA	
DIRECTOR	MARK FARNEL	690 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA	
DIRECTOR	SAMMY BURGOS	690 NATE WHIPPLE CUMBERLAND, RI 02864 USA	

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

SELDEN J. WHITCOMB 690 NATE WHIPPLE HIGHWAY CUMBERLAND , RI 02864

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

Signed this 27 Day of March, 2024 at 10:23:00 AM 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 CYNTHIA A MAUCH

Signature of Authorized Person

Form No. 631 Revised 09/07

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