RI SOS Filing Number: 202451152860 Date: 4/15/2024 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

**FILED** 

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.

APR 1 5 2024	\
BY 4 JU	\

1. Entity ID Number 000028819	2. Exact name of the Corporation The Christ United Methodist Church			9^	9~		
State of Incorporation     Rhode Island	5. Brief description of the character of business conducted in Rhode Island The conducting of religious services.						
4. NAICS Code 813110							
6. Principal Office Address 2291 Kingstown Road			City Kingston	State RI	Zip 02881		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Joseph N. Waller			Vice-President Name Douglas Burgess				
Street Address 202 Winchester	reet Address 202 Winchester Drive			Street Address 2377 Kingstown Road			
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Kingston	State RI	<sup>Z</sup> 002881		
Secretary Name Mark Wilson	Treasurer Name Carol H. Waller						
Street Address 26 Chelsea Far	m Road		Street Address 202 Winchester Drive				
<sup>City</sup> Wyoming	State RI	<sup>Zip</sup> 02898	<sup>City</sup> Wakefield	State RI	წ2879		
8. List ALL directors (names and ac	ldresses). RI Corp	orations MUST lis		e box to indicate an a	ettachment 🗌		
Director Name Reverend ED Farrell-Starbuck			Director Name Douglas Burgess				
Street Address 177 Division St				Street Address 2377 Kingstown Road			
<sup>City</sup> West Harwich	State MA	<sup>Zip</sup> 02671	City Kingston	State RI	∂2881		
Director Name Debra Mergner			Director Name				
Street Address 90 Winterberry Road			Street Address				
<sup>City</sup> Saunderstown	State RI	<sup>Zip</sup> 02874	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, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			Date				
Carol H. Waller				2/11/2024			
Signature of Officer/Authorized Representative Carol H. Waller							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov