



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2024**

Non-Profit Corporation

APR 15 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 4261

1. Entity ID Number 000028819	2. Exact name of the Corporation The Christ United Methodist Church
3. 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
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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 Drive			Street Address 2377 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 002881
Secretary Name Mark Wilson			Treasurer Name Carol H. Waller		
Street Address 26 Chelsea Farm Road			Street Address 202 Winchester Drive		
City Wyoming	State RI	Zip 02898	City Wakefield	State RI	Zip 02879

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

Director Name Reverend ED Farrell-Starbuck			Director Name Douglas Burgess		
Street Address 177 Division Street			Street Address 2377 Kingstown Road		
City West Harwich	State MA	Zip 02671	City Kingston	State RI	Zip 02881
Director Name Debra Mergner			Director Name		
Street Address 90 Winterberry Road			Street Address		
City Saunderstown	State RI	Zip 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, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Carol H. Waller	Date 2/11/2024
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Signature of Officer/Authorized Representative
Carol H. Waller

MAIL TO:
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