

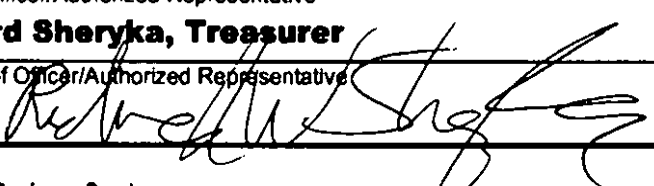


State of Rhode Island
Department of State - Business Services Division

FILED
APR 25 2024
BY 13897

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.

| | | | | | |
|--|-----------------|--|---|--------------------|-------------------------------|
| 1. Entity ID Number 28837 | | 2. Exact name of the Corporation Christian Brethren of Warwick, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Church, Sunday School, Day-Care & Kindergarten | | | |
| 4. NAICS Code 813110 - Religious Org. | | | | | |
| 6. Principal Office Address 311 Buttonwoods Avenue | | | City Warwick | State RI | Zip 02886 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Rachel Livesey | | | Vice-President Name none | | |
| Street Address 131 Welfare Ave | | | Street Address | | |
| City Warwick | State RI | Zip 02888 | City | State | Zip |
| Secretary Name Maryanne Sheryka | | | Treasurer Name Richard Sheryka | | |
| Street Address 33 Heights Avenue | | | Street Address 33 Heights Avenue | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Jack Fennessey | | | Director Name Eleanor Naysmith | | |
| Street Address 7 Hide Away | | | Street Address 957 Post Road, # B212 | | |
| City Coventry | State RI | Zip 02816 | City Warwick | State RI | Zip 02800 |
| Director Name Marilyn Farrell | | | Director Name none other | | |
| Street Address 959 Post Road, # C313 | | | Street Address | | |
| City Warwick | State RI | Zip 02889 | 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Richard Sheryka, Treasurer | | | | | Date April 21, 2024 |
| Signature of Officer/Authorized Representative  | | | | | |

MAIL TO:
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