

REC'D RIDOS BSD
24 APR 30 AM 9:46:32



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

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 000029050		2. Exact name of the Corporation The Parish of St. James			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island EPISCOPAL CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 474 FRUIT HILL AVENUE			City NORTH PROVIDENCE	State RI	Zip 02911
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JARAH ROCCHIO			Vice-President Name PETER BAK		
Street Address 14 LYNDAHURST AVE			Street Address 450 ATLANTIC AVE		
City PROVIDENCE	State RI	Zip 02908	City WARWICK	State RI	Zip 02888
Secretary Name MICHAEL HUTTO			Treasurer Name VIRGINIA BERNSTEIN		
Street Address 139 BORDEN AVE			Street Address 98 ARDMORE AVE		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02908
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 LOUISE ELY			Director Name ED MARINO		
Street Address 225 NELSON ST			Street Address 60 BROWN AVE		
City PROVIDENCE	State RI	Zip 02908	City NORTH PROVIDENCE	State RI	Zip 02911
Director Name JOAN SKEFFINGTON			Director Name		
Street Address 20 ELMCROFT AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 VIRGINIA BERNSTEIN					Date 4/30/24
Signature of Officer/Authorized Representative <i>Virginia Bernstein</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAILED 946
APR 30 2024
BY 5464