



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.

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

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

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