



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.

FILED

MAY 20 2024

BY

| | | | | | |
|--|-----------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 000028105 | | 2. Exact name of the Corporation Calvary United Methodist Church | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Operate a house of worship, providing ministry and outreach to the community. | | | |
| 4. NAICS Code 813110 | | | | | |
| 6. Principal Office Address 200 Turner Road | | | City Middletown | State RI | Zip 02842 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Rev. Laurie Percival Pauley | | | Vice-President Name Glenn Sugawara | | |
| Street Address 24 Jib Court | | | Street Address 328 McCorrie Lane | | |
| City Middletown | State RI | Zip 02842 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Betty Serls | | | Treasurer Name Margaret Barrett | | |
| Street Address 10 Tucker Court | | | Street Address 19 Osage Drive | | |
| City Portsmouth | State RI | Zip 02871 | City Middletown | State RI | Zip 02842 |
| 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 Kyle Barrett | | | Director Name Charles Beltz | | |
| Street Address 19 Osage Drive | | | Street Address 186 Meadow Lane | | |
| City Middletown | State RI | Zip 02842 | City Middletown | State RI | Zip 02842 |
| Director Name Beth Paolero | | | Director Name | | |
| Street Address 37 Ferreira Terrace | | | Street Address | | |
| City Portsmouth | State RI | Zip 02871 | 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 Rev. Laurie Percival Pauley | | | | | Date 5/13/24 |
| Signature of Officer/Authorized Representative <i>Rev. Laurie Percival Pauley</i> | | | | | |

MAIL TO:

Division of Business Services

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