



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 <b>000156332</b>		2. Exact name of the Corporation <b>Church of The Apostles</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious organization</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>170 Fairview Ave</b>		City <b>Coventry</b>	State <b>RI</b>
		Zip <b>02816</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Benjamin Giuffrida</b>		Vice-President Name <b>William Sexton</b>	
Street Address <b>18 Garden Dr</b>		Street Address <b>125 Arnold St</b>	
City <b>Lincoln</b>	State <b>RI</b>	City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
Secretary Name <b>Lynne Habershaw</b>		Treasurer Name <b>Richard Reynolds</b>	
Street Address <b>3 Hedley Dr</b>		Street Address <b>1 Henry Clay Ct</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>West Greenwich</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02817</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Charlie St Martin</b>		Director Name <b>Bob Singleton</b>	
Street Address <b>663 Weaver Hill Rd</b>		Street Address <b>42 Ray St</b>	
City <b>Coventry</b>	State <b>RI</b>	City <b>Coventry</b>	State <b>RI</b>
Zip <b>02814</b>		Zip <b>02816</b>	
Director Name <b>Cheryl Bethel</b>		Director Name	
Street Address <b>8 Sykes St</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		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 <b>Erin Mead</b>			Date <b>9/24/24</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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