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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	2. Exact name of the Corporation
000150361	The Canterbury Mission Society
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Religious orginization
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
170 Fairview Ave	Coventry	RI	02816

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Benjamin Giuffrida	William Sexton
Street Address: 18 Garden Dr.	Street Address: 125 Arnold St
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Secretary Name	**Treasurer Name**
Lynne Habershaw	Richard Reynolds
Street Address: 3 Hedley Dr	Street Address: 1 Henry Clay Ct
City: Warwick State: RI Zip: 02889	City: West Greenwich State: RI Zip: 02817

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Charlie St. Martin	Bob Singleton
Street Address: 663 Weaver Hill Rd	Street Address: 42 Ray St
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Director Name	**Director Name**
Cheryl Bethel	
Street Address: 8 Sykes St	Street Address:
City: Warwick State: RI Zip: 02886	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	Date
Erin Mead	9/24/24

Signature of Officer/Authorized Representative: Erin Mead

FILED
SEP 25 2024
11:13
BY XANQ9

MAIL TO:
Division of Business Services
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