

**State of Rhode Island  
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025**1. Corporate ID No.** 000053110**2. Name of Corporation** GREATER PROVIDENCE CHURCH OF CHRIST**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110**4. Principal Office Address**No. and Street: 2 FERNCREST BLVDCity or Town: NORTH PROVIDENCEState: RIZip: 02911Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**RELIGIOUS**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

**Title****Individual Name**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

TREASURER	HAVEN STARR	2 FERNCREST BLVD NORTH PROVIDENCE, RI 02911 USA
DIRECTOR; SEC. / TREASURER	HAVEN STARR	2 FERNCREST BLVD NORTH PROVIDENCE, RI 02911 USA
PRESIDENT / DIRECTOR	LAWRENCE MARTINEAU	134 PINEVILLE RD DAYVILLE, CT 06241 USA
DIRECTOR	STEPHEN ROBBINS	326 CROWNSHIELD AVE UXBRIDGE, MA 01569 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

F. HAVEN STARR 2 FERNCREST BOULEVARD NORTH PROVIDENCE , RI 02911

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of February, 2025 at 2:21:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By F. HAVEN STARR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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