



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Non-Profit Corporation

→ Filing period: February 1 - May 1

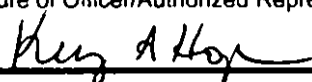
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 03 2025

BY YUM

1. Entity ID Number 000027270		2. Exact name of the Corporation The First Universalist Church of Burrillville, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110					
6. Principal Office Address 134 Harrisville Main Street		City Harrisville		State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Betty Mencucci			Vice-President Name Kenneth Hopkins		
Street Address 1777 Victory Highway			Street Address 200 Pheasant Drive		
City Glendale	State RI	Zip 02826	City Mapleville	State RI	Zip 02839
Secretary Name Betty Mencucci			Treasurer Name Kerry Hopkins		
Street Address 1777 Victory Highway			Street Address 40 Woodside Road		
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
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 Ashley Hawkes			Director Name Laura Cote		
Street Address 62 Angel Road			Street Address 415 Tarkiln Road		
City Chepachet	State RI	Zip 02814	City Mapleville	State RI	Zip 02839
Director Name Kenneth Hopkins			Director Name		
Street Address 32 Mapleville Main Street			Street Address		
City Mapleville	State RI	Zip 02839	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Kerry Hopkins, Treasurer				Date 02/01/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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