RI SOS Filing Number: 202564434220 Date: 2/3/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED MP
FEB 03 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
29662	Perryville Bible Church
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: It is a church, a place of worship
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
220 moonstone Beach Rd.	Wakefield	R.I.	02879

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Lance Claggett			Vice-President Name		
Street Address: 23 Auburn Dr.			Street Address		
City: Charlestown	State: RI	Zip: 02813	City	State	Zip
Secretary Name: Carol Zurcher			Treasurer Name: Heather Mills		
Street Address: 2485 Post Rd.			Street Address: 1933 Ministerial Rd.		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

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

Director Name: Charles Radl			Director Name: Kevin Seefeldt		
Street Address: 23 Sand Hill Rd			Street Address: 71 Old Coach Rd.		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813
Director Name: Wayne Mills			Director Name		
Street Address: 1948 Ministerial			Street Address		
City: Wakefield	State: RI	Zip: 02879	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
Carol A. Zurcher	02/01/2025

Signature of Officer/Authorized Representative: Carol A. Zurcher

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023