



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

FILED

Annual Report for the year:  
Non-Profit Corporation

2025

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FEB 06 2025  
BY 1612  
QQ

1. Entity ID Number 000031353		2. Exact name of the Corporation Riverpoint Advent Christian Church of West Warwick	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Conducting religious services of worship and Bible Studies	
4. NAICS Code 813110			
6. Principal Office Address 1107 Main Street		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Rev. Douglas W. Tourgee		Vice-President Name	
Street Address 174 Fairview Ave		Street Address	
City Coventry	State RI	Zip 02816	
Secretary Name Doreen Waddington		Treasurer Name Richard P. Champagne, Jr	
Street Address 17 Calvin Street		Street Address 2 Old Hope Road	
City Hope	State RI	Zip 02831	
City Coventry	State RI	Zip 02816	
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 Frederick K Waddington		Director Name John Seganichyk	
Street Address 17 Calvin Street		Street Address 3 Dequard Drive	
City Hope	State RI	Zip 02831	
City Coventry	State RI	Zip 02816	
Director Name GAIL Champagne		Director Name	
Street Address 2 Old Hope Road		Street Address	
City Coventry	State RI	Zip 02816	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Doreen F Waddington		Date Feb. 3, 2025	
Signature of Officer/Authorized Representative Doreen F Waddington			

MAIL TO:  
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