RI SOS Filing Number: 202566377480 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 12976

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
000026489	Holy Trinity Parish
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Religious worship & service to community
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
1956 Main Road	Tiverton	RI	02878

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

President Name	Street Address	City	State	Zip
The Rev. John G. Prior	18 Seaside Avenue - Apt. 2	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip
Alexander F. Grande	106 Spring Hill Road	Portsmouth	RI	02871

Secretary Name	Street Address	City	State	Zip
Pam Mogilnicki	14 Laurel Lane	Westport	MA	02790

Treasurer Name	Street Address	City	State	Zip
David Brower	128 Sakonnet Ridge Drive	Tiverton	RI	02878

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

Director Name	Street Address	City	State	Zip
Ray Davis	141 Rhode Island Blvd.	Portsmouth	RI	02871

Director Name	Street Address	City	State	Zip
Susan Pomeroy	27 South Berryman Street	Westport	MA	02790

Director Name	Street Address	City	State	Zip
Janet Busse	20 Hillside Avenue	Tiverton	RI	02878

Director Name	Street Address	City	State	Zip
Susan St. Amour	10 High Ridge Terrace	Tiverton	RI	02878

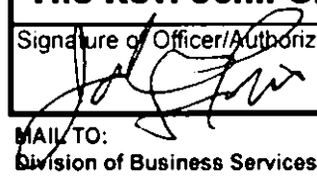
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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
The Rev. John G. Prior	**02/21/2025**

Signature of Officer/Authorized Representative



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