



State of Rhode Island  
Department of State - Business Services Division

**FILED**

STAFF  
MAR 04 2025

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.

CBY BY 4507

1. Entity ID Number 000052922		2. Exact name of the Corporation St. Paul's Church Society in Portsmouth			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island St. Paul's Episcopal Church - Non Profit			
4. NAICS Code 813110					
6. Principal Office Address 2679 East Main Road			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bradford Chase - Senior Warden			Vice-President Name Jeffery Reise - Junior Warden		
Street Address 31 Macomber Lane			Street Address 191 Freeborn Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marguerite Hennerhan			Treasurer Name Elizabeth Fallonsbee		
Street Address 73 SeaFare Lane			Street Address 237 Rolling Hill Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bradford Chase			Director Name Jeffery Reise		
Street Address 31 Macomber Lane			Street Address 191 Freeborn Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Marguerite Hennerhan			Director Name Elizabeth Follansbee		
Street Address 73 SeaFare Lane			Street Address 237 Rolling Hill Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Bradford Chase</b>					Date 02/01/2025
Signature of Officer/Authorized Representative 					

MAIL TO:  
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