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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAR 24 P 3:25

1. Entity ID Number	2. Exact name of the Corporation
000524205	Emmanuel Church, at Manville, Smithfield
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Episcopal Church of the Diocese of Rhode Island
4. NAICS Code: 813110 - Religious Organizatio	

6. Principal Office Address	City	State	Zip
120 Nate Whipple Hwy	Cumberland	RI	02864

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

President Name: Sue Lafreniere			Vice-President Name: Mark Matoian		
Street Address: 80 Fisher Rd. Unit 94,			Street Address: 50 Abbot Run Valley Rd. Unit 1606		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Susann Clarke			Treasurer Name: Lauren Cayer		
Street Address: 2 Thomas Dr.			Street Address: 1 Kennedy Court		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

Director Name: Janice Horn			Director Name: Jenna Olivera		
Street Address: 101 Brentwood Dr.			Street Address: 29 Patton Rd.		
City: North Smithfield	State: RI	Zip: 02896	City: Woonsocket	State: RI	Zip: 02895
Director Name: Elena Acello			Director Name: Rosemary Nadeau		
Street Address: 314 Ronald Ave.			Street Address: 13 Lladnar Dr.		
City: Cumberland	State: RI	Zip: 02864	City: Lincoln	State: RI	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
Sue Lafreniere	3/5/25

Signature of Officer/Authorized Representative

FILED

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

MAR 24 2025
BY UBSGM

FORM 631 - Revised: 2/2023