



State of Rhode Island
Department of State - Business Services Division

FILED**Stamp****APR 22 2025****BY 5615****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 30447		2. Exact name of the Corporation The Trustees for the Epworth United Methodist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110 Religious Org					
6. Principal Office Address 915 Newport Avenue			City Pawtucket	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alyssa Byron			Vice-President Name Jovina Morrison		
Street Address 132 London Avenue			Street Address 266 Rowe Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Robin Byron			Treasurer Name David Deloge		
Street Address 132 London Avenue			Street Address 8 Duckworth Street 2R		
City Pawtucket	State RI	Zip 02861	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Linda Morrison Brady			Director Name Donna Fernandes		
Street Address 16 Marlaine Drive			Street Address 4 Wedgewood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Melody Rose			Director Name		
Street Address 8 Robinson Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	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 David Deloge				Date 04/18/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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