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BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000036469	Foster Rhode Island Clergy Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Ecumenical Religious and Humanitarian Activities
4. NAICS Code: 813110-Religious Org.	

6. Principal Office Address	City	State	Zip
81 East Killingly Road	Foster	RI	02825

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

President Name: Rev. Tracy Griffing			Vice-President Name: Roy Shippee		
Street Address: 55 Balcom Road			Street Address: 186 Hartford Pike		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825
Secretary Name: Dorothy Shippee			Treasurer Name: Dorothy Shippee		
Street Address: 186 Hartford Pike			Street Address: 186 Hartford Pike		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825

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

Director Name: Karen Ward			Director Name: Rev. Scott Knox		
Street Address: 55 Balcom Road			Street Address: 150 Foster Center Road		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825
Director Name: Rev.Rose Desilus			Director Name: None		
Street Address: 1429 Victory Highway			Street Address:		
City: Greene	State: RI	Zip: 02827	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	Date
Dorothy Shippee	2025 **4/26/2025**

Signature of Officer/Authorized Representative: Dorothy Shippee

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