RI SOS Filing Number: 202574271200 Date: 5/30/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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2025 MAY 30 P 3:11

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
000028105	Calvary United Methodist Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Operate a house of worship, providing ministry and outreach to the community.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
200 Turner Road	Middletown	RI	02842

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

President Name: Rev. Laurie Percival Pauley			Vice-President Name: Glenn Sugawara		
Street Address: 24 Jib Court			Street Address: 328 McCorrie Lane		
City: Middletown	State: RI	Zip: 02842	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Betty Serls			Treasurer Name: Margaret Barrett		
Street Address: 10 Tucker Court			Street Address: 19 Osage Drive		
City: Portsmouth	State: RI	Zip: 02871	City: Middletown	State: RI	Zip: 02842

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

Director Name: Kyle Barrett			Director Name: Charles Beltz		
Street Address: 19 Osage Drive			Street Address: 186 Meadow Lane		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842
Director Name: Beth Paolero			Director Name		
Street Address: 37 Ferreira Terrace			Street Address		
City: Portsmouth	State: RI	Zip: 02871	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
Rev. Laurie Percival Pauley	**5/21/2025**

Signature of Officer/Authorized Representative: Rev. Laurie Percival Pauley

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

MAY 30 2025
BY 8907

FORM 631- Revised 12/2023