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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
0000 29050	The Parish of St. James
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: EPISCOPAL CHURCH
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
474 FRUITHILL AVENUE	NORTH PROVIDENCE	RI	02911

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

President Name	Vice-President Name
SARAH ROCCHIO	PETER BAK
Street Address: 14 LYNDHURST AVE	Street Address: 450 ATLANTIC AVE
City: PROVIDENCE State: RI Zip: 02908	City: WARWICK State: RI Zip: 02888
Secretary Name	**Treasurer Name**
MICHAEL HUTTO	VIRGINIA BERNSTEIN
Street Address: 139 BORDEN AVE	Street Address: 98 ARDMORE AVE
City: JOHNSTON State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02908

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

Director Name	Director Name
LOUISE ELY	MADELEINE ECHEVARRIA
Street Address: 225 NELSON STREET	Street Address: 27 HOMEWOOD AVE
City: PROVIDENCE State: RI Zip: 02908	City: NORTH PROVIDENCE State: RI Zip: 02911
Director Name	**Director Name**
DONNA GUEVREMONT	
Street Address: 17 JOHN STREET	Street Address:
City: WARWICK State: RI Zip: 02889	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
VIRGINIA BERNSTEIN	6/2/25

Signature of Officer/Authorized Representative: Virginia Bernstein

FILED
JUN 02 2025 11:59am
BY LKS 3687

MAIL TO:
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