



State of Rhode Island
Department of State - Business Services Division

FILED

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BY

2025 JUL -7 P 3-00

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 000044370		2. Exact name of the Corporation Benjamin Church Senior Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable and Educational Purposes			
4. NAICS Code 813990					
6. Principal Office Address 1020 Hope Street			City Bristol	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maria Doherty			Vice-President Name Elizabeth Harvey		
Street Address 21 Green Way Drive			Street Address 16 George Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Cheryl Iiams			Treasurer Name Vincent Saviano		
Street Address 643 Wood Street			Street Address Sullivan Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Richard Ruggiero			Director Name Marie Manchester		
Street Address 21 Kingswood Road			Street Address 1014 Hope Street, A-5		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name M. Candy Pansa			Director Name		
Street Address 46 Cliperway			Street Address		
City Bristol	State RI	Zip 02809	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 Maria Doherty				Date 5/7/2025	
Signature of Officer/Authorized Representative <i>Maria Doherty</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov