



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|--------------------|--|---------------------------|---------------------|---------------------|
| 1. Entity ID No. 63353 | | 2. Exact name of the Corporation Good Shepherd Lutheran Church | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island To carry on the religious, benevolent, missionary and educational work of the Lutheran Church. | | | |
| 5. Principal office address 49 Vista Drive | | City East Providence | State RI | Zip 02916 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name Charles Maurer | | Vice-President Name Charles Maurer | | | |
| Street Address 63 Fox Run Road | | Street Address 63 Fox Run Road | | | |
| City Bellingham | State MA | Zip 02019 | City Bellingham | State MA | Zip 02019 |
| Secretary Name William Connolly | | Treasurer Name Thomas Otto | | | |
| Street Address 105 Windsor Road | | Street Address 18 Parker Hill Avenue | | | |
| City Pawtucket | State RI | Zip 02861 | City Milford | State MA | Zip 01757 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Charles Maurer | | Director Name William Connolly | | | |
| Street Address See above | | Street Address See above | | | |
| City | State | Zip | City | State | Zip |
| Director Name Thomas Otto | | Director Name | | | |
| Street Address See above | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date **SEP 16 2014**

Check No _____

By: **CL 232299** *[Signature]* **9/14/14**
 11:50
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Charles Maurer, President and Vice President
 Print or Type Name of Officer or Authorized Representative

Form No. 631
 Revised: 04/2014

2014 SEP 16 AM 11:28
 CORPORATION DIV