



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED STATE
 R.I. DEPT. OF
 BUS. SVCS. DIV.
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1. Entity ID Number 000027215		2. Exact name of the Corporation The First Christian Church of Coventry, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Christian Worship and Service in our Community			
4. NAICS Code 813110 - Religious Organizati					
6. Principal Office Address 63 Vaughn Hollow Road		City Greene	State RI	Zip 02827	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Geraldine DeNuccio			Vice-President Name Joanne Newton		
Street Address 150 Potter Road			Street Address 51 Victory Highway		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
Secretary Name Jean Salemi			Treasurer Name Robin Petrarca		
Street Address 3 Manchester Circle			Street Address 105 Hopkins Hollow Road		
City Coventry	State RI	Zip 02816	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerald DeNuccio			Director Name Neil Swanson		
Street Address 150 Potter Road			Street Address 41 George Washington Highway		
City Greene	State RI	Zip 02827	City Clayville	State RI	Zip 02815
Director Name Jeanne Lavoie			Director Name		
Street Address 1712 Plainfield Pike			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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Robin Petrarca				Date 1/25/22	
Signature of Officer/Authorized Representative <i>Robin E. Petrarca</i>				FILED	

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

JAN 28 2022
 BY *[Signature]*
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