



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Non-Profit Corporation.

FEB 11 2022

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- 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 <b>000140972</b>		2. Exact name of the Corporation <b>Christ Church, in the Town of Westerly</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious organization</b>			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address <b>7 Elm St</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Senior Warden/Caswell Cooke, Jr.</b>			Vice-President Name <b>Junior Warden/Sarah Starkweater</b>		
Street Address <b>7 Elm St</b>			Street Address <b>7 Elm St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Clerk/Natalie Pukas</b>			Treasurer Name <b>Daniel Leonard</b>		
Street Address <b>7 Elm St</b>			Street Address <b>7 Elm St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kuruvilla K. Chandy</b>			Director Name <b>Caswell Cooke, Jr.</b>		
Street Address <b>7 Elm</b>			Street Address <b>7 Elm St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Sarah Starkweather</b>			Director Name		
Street Address <b>7 Elm St</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Daniel Leonard, Treasurer</b>				Date <b>2/4/22</b>	
Signature of Officer/Authorized Representative <i>Daniel Leonard</i>					

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