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RI SOS Filing Number: 202214257340 Date: 4/1/2022 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year: 2022
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.

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APR 0 1 2022

1. Entity ID Number	2. Exact name of	the Corporation				
000030621	The United Congregational Church of Little Compton					
3. State of Incorporation	5. Brief description	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Church					
4. NAICS Code						
813110 - Religious Organizatio						
6. Principal Office Address	•		City	State	Zip	
4 Commons			Little Compton	RI	028387	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Mary Suttell			Vice-President Name Christopher Killenberg			
Street Address 515 West Main	Road		Street Address 15 Albert Lane			
City Little Compton	State RI	^{Zip} 02837	City Little Compton	State RI	^{Zip} 02837	
Secretary Name Edith Borden	· · · · · · · · · · · · · · · · · · ·		Treasurer Name Thomas Schmi	rer Name Thomas Schmitt		
Street Address 41 Old Harbor F	Street Address 41 Old Harbor Road		Street Address 28 Whistler Point Road			
City Little Compton	State RI	^{Zip} 02837	City Westport	State MA	^{Zip} 02790	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Shirley Hardison		Director Name Susan Talbot				
Street Address 388 Long Highway		Street Address 15 Tambourine Land				
^{City} Little Compton	State RI	^{Zip} 02837	City Little Compton	State RI	^{Zip} 02837	
Director Name Rev. Rebecca Floyd Marshall			Director Name			
Street Address 70 Stone Church Road		Street Address				
City Little Compton	State RI	^{Zip} 02837	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 Mary Suttell, Chair of Board of Trustees			Date March 29, 2022			
Signature of Officer/Authorized Rep	presentative	<i>Q</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