



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: ~~2021~~ 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.

1. Entity ID Number 000027211		2. Exact name of the Corporation First Church of Christ, Scientist, Providence, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We are a Christian Science church, offering church services to the public on Sundays and Wednesdays.			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 71 Prospect Street		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carl Becker		Vice-President Name None			
Street Address 177 Market Street		Street Address None			
City Swansea	State MA	Zip 02777	City None	State None	Zip None
Secretary Name Bonnie Larson		Treasurer Name Xenia Walker			
Street Address 196 Patton Road		Street Address 10 Duncan Road			
City Woonsocket	State RI	Zip 02895	City Rumford	State RI	Zip 02916
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 James Pennypacker		Director Name Jerri-Lee Streeter			
Street Address 53 Forest Edge		Street Address 24 Willard Avenue			
City Plymouth	State MA	Zip 02360	City Rehoboth	State MA	Zip 02769
Director Name Nancy Schempp		Director Name Bonnie Larson			
Street Address 17 Sherman Avenue		Street Address 196 Patton Road			
City Riverside	State RI	Zip 02915	City Woonsocket	State RI	Zip 02895
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 Xenia Walker				Date July 10, 2022	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
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