



State of Rhode Island
Department of State - Business Services Division


Annual Report for the year: 2023

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

FILED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2022 OCT 31 PM 3:23

1. Entity ID Number 000052922		2. Exact name of the Corporation St. Paul's Church Society in Portsmouth	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non Profit Episcopal Church	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 2679 East Main Road		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bradford S. Chase, Senior Warden		Vice-President Name Jeffery Reise, Junior Warden	
Street Address 31 Macomber Land		Street Address 191 Freeborn Street	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Secretary Name Marguerite Heenehan		Treasurer Name Elizabeth Follansbee	
Street Address 73 Sea Fare Lane		Street Address 237 Rolling Hill Road	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
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 Bradford S. Chase		Director Name Elizabeth Follansbee	
Street Address 31 Macomber Lane		Street Address 237 Rolling Hill Road	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Director Name Jeffery Reise		Director Name	
Street Address 191 Freeborn Street		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Bradford S. Chase, Senior Warden			Date 10/28/22
Signature of Officer/Authorized Representative 			FILED
OCT 31 2022			

BY STJ85 3:25

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