RI SOS Filing Number: 202224446480 Date: 10/31/2022 3:24:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2022

RECEIVED RIL DEPTROF STATE BUS SYCS DIV

2022 OCT 31 PM 3: 23

Non-Profit Corporation	2022		
-> 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	2. Exact name of the Corporation					
000052922	St. Paul's Church Society in Portsmouth					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Non Profit Episcopal Church					
4. NAICS Code	1					
813110 - Religious Organizati						
6. Principal Office Address	<u> </u>		City	State	Zip	
2679 East Main Road		Portsmouth	RI	02871		
7. List ALL officers (names and add	Iresses)	<del> </del>		Check the box to indic	ate an attachment	
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	<sup>Z:p</sup> 02871	City Portsmouth	State RI	<sup>Z<sub>12</sub></sup> 02871	
Secretary Name Marguerite He	leenehan		Treasurer Name Elizabeth Follansbee			
Street Address 73 Sea Fare Lane		Street Address 237 Rolling Hill Road				
<sup>City</sup> Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth	State RI	<sup>Zip</sup> 02871	
8. List ALL directors (names and ad	ddresses). RI Co	rporations MUST I	ist at least THREE directors.	Check the box to indic	cate an attachment	
Oirector Name Bradford S. Chase		Director Name Elizabeth Follansbee				
Street Address 31 Macomber Lane		Street Address 237 Rolling Hill Road				
<sup>City</sup> Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth	State RI	<sup>7ip</sup> 02871	
Director Name Jeffery Reise		Director Name				
Street Address 191 Freeborn Street		Street Address				
City Portsmouth	State RI	<sup>Ζιρ</sup> 02871	City	State	Zip	
9. The Registered Agent information	n of record with	the RI Department	t of State is accurate. Changes	require filing Form 64	1.	
Under penalty of perjury, I decla statements, and that all stateme				ccompanying sched	ules and	
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			Date			
Bradford S. Chase, Senior Warden			10/28/22			
Signature of Officer/Authorized Representative						
4W-683-7072 FILED						
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

ORM-631 - Revised: 11/2021