




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**

APR 25 2023  
 BY 1328 KA

1. Entity ID Number <b>000028153</b>		2. Exact name of the Corporation <b>GREYSTONE CHURCH</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PROVIDE AND MAINTAIN A HOUSE OF WORSHIP</b>			
4 NAICS Code 813110 - Religious Organizations:					
6. Principal Office Address <b>1 OAKLEIGH AVENUE</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	
7. List ALL officers (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>					
President Name <b>DONNA WOOD</b>		Vice-President Name <b>DAVID CARLSON</b>			
Street Address <b>16 GREYSTONE AVENUE</b>		Street Address <b>306 WEST GREENVILLE ROAD</b>			
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>DONNA WOOD</b>		Treasurer Name <b>DAVID CARLSON</b>			
Street Address <b>16 GREYSTONE AVENUE</b>		Street Address <b>306 WEST GREENVILLE ROAD</b>			
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</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>DONNA WOOD</b>		Director Name <b>DAVID CARLSON</b>			
Street Address <b>16 GREYSTONE AVENUE</b>		Street Address <b>306 WEST GREENVILLE ROAD</b>			
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name <b>CHERYL MCKENNEY</b>		Director Name			
Street Address <b>93 PLEASANT VIEW AVENUE</b>		Street Address			
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <b>DONNA WOOD</b>				Date <b>3/27/23</b>	
Signature of Officer/Authorized Representative 					

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