RI SOS Filing Number: 202335300110 Date: 5/2/2023 2:23:00 PM



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

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Penalty: Additional \$25.00 fee if	form is not filed by	/ May 31.	20	123 MAY -2 F	⊃ 2: 20
1. Entity ID Number	2. Exact name of the Corporation				
00006 0770	Christ Church in Lonsdale				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Episcopal Church				
4. NAICS Code					
813110					
6. Principal Office Address			City	State	Ziρ
1643 Lonsdale Avenue			Lincoln	RI	02865
7. List ALL officers (names and addresses) Check the box to indicate an attach					attachment
President Name Kenneth Breault			Vice-President Name Catherine Salerno		
Street Address 34 Ash Street			Street Address 10 Ashley Drive		
^{City} Pawtucket	State RI	^{Zip} 02860	City Lincoln	State RI	^{Zip} 02865
Secretary Name Chelsey Reyes			Treasurer Name Robert Salerno		
Street Address 10 Kenilworth Drive			Street Address 10 Ashley Drive		
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST li		e box to indicate a	n attachment
Director Name Jean Kay			Director Name Donna MacPherson		
Street Address 5 Holiday Drive			Street Address 40 Highland Ave		
City Lincoln	State RI	^{Zip} 02865	City S Attleboro	State MA	Zip / US
Director Name Pamela Whitehead			Director Name James Wood		
Street Address 71 Grandview Ave			Street Address 24 Sweeney Street		
^{City} Lincoln	State RI	^{Zip} O2865	^{City} Lincoln	State RI	^{Zip} 02865
9. The Registered Agent information	on of record with t	the RI Department	of State is accurate. Changes requin	e filing Form 641	
Under penalty of perjury, I declar statements, and that all stateme			d this report, including any accom correct.	panying schedu	iles 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			22	Date	
Kimberly Allard, Parish Administrator			A FILED 223	04/26/202	23
Signature of Officer/Authorized Representative					
Kely Alge MAY 0 9 2023					
MAIL TO: CV G-J-S					

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

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

FORM 631- Revised 04/2023