




**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2021
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.

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2023 MAY -2 P 2:20

1. Entity ID Number 00006: 0770		2. Exact name of the Corporation Christ Church in Lonsdale			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Episcopal Church			
4. NAICS Code 813110					
6. Principal Office Address 1643 Lonsdale Avenue			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Aldrich			Vice-President Name Lorry Boss		
Street Address 61 Bayberry Road			Street Address 14 Martin Court		
City Woonsocket	State RI	Zip 02895	City Pawtucket	State RI	Zip 02860
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Bernardino			Director Name Donna MacPherson		
Street Address 211 Woodside Ave			Street Address 40 Highland Ave		
City Lincoln	State RI	Zip 02865	City S Attleboro	State MA	Zip 02103
Director Name Jean Kay			Director Name James Wood		
Street Address 5 Holiday Drive			Street Address 24 Sweeney Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Kimberly Allard, Parish Administrator					Date 04/26/2023
Signature of Officer/Authorized Representative 					FILED MAY 02 2023 BY <u>CYGTJ</u>

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov