



State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAY 26 2023

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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.

1. Entity ID Number <b>000031244</b>		2. Exact name of the Corporation <b>Cumberland Community Methodist Church</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island  <b>Church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>481 Broad St.</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bradford Hunt</b>			Vice-President Name		
Street Address <b>280 Bryant St.</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Paul Hamilton</b>		
Street Address			Street Address <b>150 Fiske Ave.</b>		
City	State	Zip	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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>Bradford Hunt</b>			Director Name <b>Paul Hamilton</b>		
Street Address <b>280 Bryant St.</b>			Street Address <b>150 Fiske Ave</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Michael Buffi</b>			Director Name		
Street Address <b>14 Evelyn Way</b>			Street Address		
City <b>Seekonk</b>	State <b>Ma</b>	Zip <b>02771</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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>Paul Hamilton</b>				Date <b>May 21, 2023</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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