



State of Rhode Island
Department of State - Business Services Division

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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 001763312		2. Exact name of the Corporation THE PROPRIETORS OF THE CHEPACHET MEETING HOUSE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1822. A RELIGIOUS BODY TO PROMOTE THE WORSHIP OF GOD ACCORDING TO TENETS OF CHRISTIAN FAITH			
4. NAICS Code 813110					
6. Principal Office Address 1213 PUTNAM PIKE			City CHEPACHET	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RANDALL STEERE			Vice-President Name N/A		
Street Address 15 DRAWBRIDGE ROAD			Street Address		
City WESTFORD	State MA	Zip 01886	City	State	Zip
Secretary Name CLIFFORD BROWN			Treasurer Name LOIS BOIRE		
Street Address 180 BROWN STREET			Street Address 140 JOHN STEERE RD. PO. BOX 11		
City PROVIDENCE	State RI	Zip 02906	City CHEPACHET	State RI	Zip 02814
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 RANDALL STEERE			Director Name CLIFFORD BROWN		
Street Address 15 DRAWBRIDGE ROAD			Street Address 180 BROWN STREET		
City WESTFORD	State MA	Zip 01886	City PROVIDENCE	State RI	Zip 02906
Director Name LOIS BOIRE			Director Name N/A		
Street Address 140 JOHN STEERE RD., P.O. BOX 11			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative CLIFFORD BROWN, SECRETARY [CLERK]					Date 10/26/2023
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

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