



**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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV 29 P 12:00

1. Entity ID Number 000030910		2. Exact name of the Corporation Covenant Congregational Church, Pawtucket, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A CHURCH			
4. NAICS Code 813110		JANUARY SESSION 1895			
6. Principal Office Address 37 Redwood Drive			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Clifton E. Tidd			Vice-President Name		
Street Address 37 Redwood Drive			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Dorothy Buttrick			Director Name Linda Zarski		
Street Address 319 Glenwood Avenue			Street Address 129 Manistee Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02801
Director Name Clifton E. Tidd			Director Name		
Street Address 37 Redwood Drive			Street Address		
City North Providence	State RI	Zip 02911	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 CLIFTON E. TIDD				Date 11/8/2023	
Signature of Officer/Authorized Representative 				Date NOV 29 2023 BY LYANAW	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov