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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2024 **Non-Profit Corporation**

RECEIVED R.I. DEPT. OF STATE

→ Filing period: February 1 - May 1
 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				073 DEC 10 A	ດຸນ
1. Entity ID Number	2. Exact name of the Corporation			013 010 1 1	. 0 20 -
000078747	New England Yearly Meeting of Friends				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	NEYM is an association of Quaker meetings (churches) of the Religious			gious	
4. NAICS Code	Society of Friends; we provide administrative and program support and				
813110 - Religious Orgar	connect five local congregations in Rhode Island with about 60 other				
6. Principal Office Address			City	State	Zip
901 Pleasant Street			Worcester	MA	01602
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Mary Rebecca Leuchak			Vice-President Name Susan Davies		
Street Address 50 Boylston Avenue			Street Address 21 Boynton Road		
^{City} Providence	State RI	^{Zip} 02906	^{City} Liberty	State ME	^{Zip} 04949
Secretary Name Noah Merrill			Treasurer Name Robert Murray		
Street Address 5 Small Meadows Lane			Street Address 12 Columbine Road		
^{City} Putney	State VT	^{Zip} 05346	^{City} Milton	State MA	Zip 02186
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Jeremiah Dickinson			Director Name Christopher Gant		
Street Address 1 Hull Avenue			Street Address 77 Waban Hill Road		
^{City} Dover	State NH	^{Zip} 03820	^{City} Chestnut Hill	State MA	Zip 02467
Director Name Leslie Manning			Director Name		
Street Address 4 Mast Landing			Street Address		
^{City} Bath	State ME	^{Zip} 04530	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.					
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				Date	
Mary Rebecca Leuchak/President				12/18/2023	
Signature of Officer/Authorized Representative Compared to the compared to					

MAIL TO:

Division of Business Services

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

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

8:32

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FORM 631- Revised: 04/2023