



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

STAMP

Annual Report for the year: 2023

Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 DEC 19 A 8:26

1. Entity ID Number 000078747		2. Exact name of the Corporation New England Yearly Meeting of Friends	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NEYM is an association of Quaker meetings (churches) of the Religious Society of Friends; we provide administrative and program support and connect five local congregations in Rhode Island with about 60 other	
4. NAICS Code 813110 - Religious Orgar			
6. Principal Office Address 901 Pleasant Street		City Worcester	State MA
		Zip 01602	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mary Rebecca Leuchak		Vice-President Name Susan Davies	
Street Address 50 Boylston Avenue		Street Address 21 Boynton Road	
City Providence	State RI	City Liberty	State ME
	Zip 02906		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	City Milton	State MA
	Zip 05346		Zip 02186
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 Jeremiah Dickinson		Director Name Christopher Gant	
Street Address 1 Hull Avenue		Street Address 77 Waban Hill Road	
City Dover	State NH	City Chestnut Hill	State MA
	Zip 03820		Zip 02467
Director Name Leslie Manning		Director Name	
Street Address 4 Mast Landing		Street Address	
City Bath	State ME	City	State
	Zip 04530		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 Mary Rebecca Leuchak/President			Date 12/18/2023
Signature of Officer/Authorized Representative <i>Mary Rebecca Leuchak</i>			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC 19 2023
BY ML V4FF8
8:31