



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV
 2023 DEC 29 PM 12:38

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 001690774		2. Exact name of the Corporation St. James Church at Woonsocket			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious organization provides religious services, food pantry, clothing ministry, soup kitchen as out reach into the community of Woonsocket.			
4. NAICS Code 813110					
6. Principal Office Address 24 Hamlet Ave.			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Peter Tierney			Vice-President Name Nancy Paradee		
Street Address 28 Hamlet Ave			Street Address 307 Harriet Lane		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Secretary Name Shirley Ayers			Treasurer Name Kathryn Atkins		
Street Address 407 Prospect St.			Street Address 445 Grange Rd.		
City Woonsocket	State RI	Zip 02895	City North Smithfield	State RI	Zip 02896
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 Tom Dubois			Director Name Sandra Slack		
Street Address 385 Lydia Ave.			Street Address 74 Milk St.		
City Woonsocket	State RI	Zip 02895	City Blackstone	State MA	Zip 01504
Director Name Jane Peach			Director Name Sue Markham		
Street Address 5 Doire St.			Street Address 109 Reservoir Rd		
City North Smithfield	State RI	Zip 02896	City Coventry	State RI	Zip 02816
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 Kathryn L Atkins				Date 12/11/2023	
Signature of Officer/Authorized Representative 				FILED	
				DEC 29 2023	
				BY <u>99KUC</u>	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov