RI SOS Filing Number: 202446709800 Date: 2/14/2024 4:00:00 PM



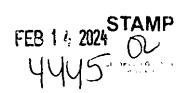
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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.					
Entity ID Number	2. Exact name of the Corporation				
000052922	St. Paul's Church Society in Portsmouth				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	St. Paul's Episcopal Church- Non Profit				
4. NAICS Code					
813110					
6. Principal Office Address			City	State	Zip
2679 East Main Road			Portsmouth	RI	02871
			<u> </u>	<u> </u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Bradford Chase- Senior Warden			Vice-President Name Jeffery Reise- Junior Warden		
Street Address 31 Macomber Lane			Street Address 191 Freeborn St.		
City Portsmouth	State RI	^{Zıp} 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marguerite Hennerhan			Treasurer Name Elizabeth Fallonsbee		
Street Address 73 Seafare Lane			Street Address 237 Rolling Hill Rd.		
^{City} Portsmouth	State RI	Zıp	City Portsmouth	State RI	02871
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Bradford Chase			Director Name Jeffery Reise		
Street Address 31 Macomber Lane			Street Address 191 Freeborn Street		
^{City} Portsmouth	State RI	^{Zıp} 02871	City Portsmouth	State RI	Z.p 02871
Director Name Marguerite Hennerhan			Director Name Elizabeth Fallonsbee		
Street Address 73 Seafare Lane			Street Address 237 Rolling Hill Road		
^{City} Portsmouth	State RI	^{Zip} 02871	City Portsmouth	State RI	Zip 02871
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	
Bradford Chase- Senior Warden				02/08/2024	
Signature of Officer/Authorized Representative					
~ Strike					
MAIL TO:					

Division of Business Services

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

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