



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

Annual Report for the year: 2024
Non-Profit Corporation

FEB 26 2024

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- 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 000028549		2. Exact name of the Corporation The Religious Society of Bell Street Chapel			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit religious organization			
4. NAICS Code 813110					
6. Principal Office Address 5 Bell Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Joanne Devoe			Vice-President Name		
Street Address 67 King Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Ellen Kellner			Treasurer Name Gregory Greco		
Street Address 328 evans Road			Street Address 9 Martha Road		
City Chapachet	State RI	Zip 02814	City Rumford	State RI	Zip 02916
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 Ellen Smith			Director Name Bridget Madden		
Street Address 319 Elmdale Road			Street Address 601 Providence St.		
City N. Scituate	State RI	Zip 02857	City Woonsocket	State RI	Zip 02895
Director Name Dennise Kowalczyk			Director Name		
Street Address 32 Chapin Avenue			Street Address		
City Providence	State RI	Zip 02909	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Gregory Greco				Date 02/11/2024	
Signature of Officer/Authorized Representative <i>Gregory Greco</i>				Date <i>2/11/2024</i>	

MAIL TO:
Division of Business Services
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