



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

FILED

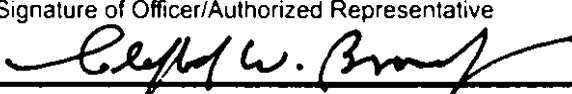
MAR 28 2024

BY 

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.

1. Entity ID Number 001763312		2. Exact name of the Corporation The Proprietors of the Chepachet Meeting House			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Enacted by General Assembly, January Session 1822. A religious body to promote the worship of God according to the tenets of the Christian faith by erecting and maintaining a Meeting House in Chepachet, RI.			
4. NAICS Code 813110					
6. Principal Office Address 1213 Putnam Pike			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Randall Steere			Vice-President Name None		
Street Address 15 Drawbridge Road			Street Address N/A		
City Westford	State MA	Zip 01886	City N/A	State N/A	Zip N/A
Secretary Name Clifford Brown			Treasurer Name Lois Boire		
Street Address 180 Brown Street			Street Address 140 John Steere Road PO Box 11		
City Providence	State RI	Zip 02906	City Chepachet	State RI	Zip 02814
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 Randall Steere			Director Name Lois Boire		
Street Address 15 Drawbridge Road			Street Address 140 John Steere Road, PO Box 11		
City Westford	State MA	Zip 01886	City Chepachet	State RI	Zip 02814
Director Name Clifford Brown			Director Name None		
Street Address 180 Brown Street			Street Address N/A		
City Providence	State RI	Zip 02906	City N/A	State N/A	Zip N/A
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 Clifford Brown, Clerk (Secretary)				Date 3/19/2024	
Signature of Officer/Authorized Representative 					

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