



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 18 2024
BY [Signature]

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 outreach into the community of Woonsocket
4. NAICS Code 813110	

6. Principal Office Address 24 HAMLET AVENUE	City WOONSOCKET	State RI	Zip 02895
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name The Rev. PETER G. TIERNEY III			Vice-President Name JANE PEACH		
Street Address 24 HAMLET AVENUE			Street Address 5 DOIRE COURT		
City WOONSOCKET	State RI	Zip 02895	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name SHIRLEY E. G. AYERS			Treasurer Name KATHRYN ATKINS, Esq and CPA		
Street Address 407 PROSPECT STREET			Street Address 445 GRANGE ROAD		
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

Director Name NANCY PARADEE			Director Name CAROL GRIEVES		
Street Address 307 HARRIET LANE			Street Address 18 GREENE STREET		
City CUMBERLAND	State RI	Zip 02864	City WOONSOCKET	State RI	Zip 02895
Director Name SANDRA SLACK			Director Name SUSAN MARKHAM		
Street Address 74 MILK STREET			Street Address 109 RESERVOIR ROAD		
City BLACKSTONE	State MA	Zip 01504	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.

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 Kathryn L. Atkins, Treasurer	Date 4/1/24
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Signature of Officer/Authorized Representative <i>[Signature]</i>
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov