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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.

1. Entity ID Number 0000030463		2. Exact name of the Corporation Seacoast District New England Annual Conference			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island church program and administration			
4. NAICS Code 813110					
6. Principal Office Address 254 Lakeview Ave			City Falmouth	State MA	Zip 02540
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. David Jackson, Sr.			Vice-President Name Rev. Ned Crockett		
Street Address 6 Newcroft Circle			Street Address 201 Beaver Dam Road		
City Mattapan	State MA	Zip 02126	City Winthrop	State ME	Zip 04364
Secretary Name Samuel Fisher			Treasurer Name Clare Chapman		
Street Address 271 Elm Street			Street Address 1 School Street		
City North Reading	State MA	Zip 01864	City Shelburne Falls	State MA	Zip 01370
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 Pastor Michael Williams			Director Name Juanita Johnson		
Street Address 56 Belfort Avenue			Street Address 945 Scituate Avenue		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02921
Director Name Rev. Mark Monson Alley			Director Name Stanley Wilbur		
Street Address 22 Charles Wesley Court			Street Address 833 North Street		
City Wells	State ME	Zip 04090	City New Haven	State VT	Zip 05472
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Clare Chapman					Date 4/2/24
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.n.gov

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BY ML 193 EZ

FORM 631 - Revised 12/2023