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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**

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 <b>0000030463</b>		2. Exact name of the Corporation <b>Seacoast District New England Annual Conference</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>church program and administration</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>254 Lakeview Ave</b>			City <b>Falmouth</b>	State <b>MA</b>	Zip <b>02540</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. David Jackson, Sr.</b>			Vice-President Name <b>Rev. Ned Crockett</b>		
Street Address <b>6 Newcroft Circle</b>			Street Address <b>201 Beaver Dam Road</b>		
City <b>Mattapan</b>	State <b>MA</b>	Zip <b>02126</b>	City <b>Winthrop</b>	State <b>ME</b>	Zip <b>04364</b>
Secretary Name <b>Samuel Fisher</b>			Treasurer Name <b>Clare Chapman</b>		
Street Address <b>271 Elm Street</b>			Street Address <b>1 School Street</b>		
City <b>North Reading</b>	State <b>MA</b>	Zip <b>01864</b>	City <b>Shelburne Falls</b>	State <b>MA</b>	Zip <b>01370</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Pastor Michael Williams</b>			Director Name <b>Juanita Johnson</b>		
Street Address <b>56 Belfort Avenue</b>			Street Address <b>945 Scituate Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name <b>Rev. Mark Monson Alley</b>			Director Name <b>Stanley Wilbur</b>		
Street Address <b>22 Charles Wesley Court</b>			Street Address <b>833 North Street</b>		
City <b>Wells</b>	State <b>ME</b>	Zip <b>04090</b>	City <b>New Haven</b>	State <b>VT</b>	Zip <b>05472</b>
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 <b>Clare Chapman</b>				Date <b>4/2/24</b>	
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

**FILED**

FORM 631 - Revised 12/2023

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BY ML 15BEZ