RI SOS Filing Number: 202453326700 Date: 4/30/2024 2:31:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 000030815
- 2. Name of Corporation St. Peter's Evangelical Lutheran Church
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813110

4. Principal Office Address

No. and Street: 525 BROADWAY

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

RELIGIOUS FORMATION AND EDUCATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

		-
PRESIDENT	CRAIG S SAMPSON	414 COREY LANE MIDDLETOWN, RI 02842 USA
TREASURER	RAY FRAGOLA	639 EAST MAIN RD MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	SHARYL JUMP	162 ATLANTIC DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	SHARYL JUMP	162 ATLANTIC DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	LINDA GAITONDE	705 CONGDON HILL RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	CRAIG S SAMPSON	414 COREY LANE MIDDLETOWN, RI 02842 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CRAIG SAMPSON 414 COREY LANE MIDDLETOWN, RI 02842

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of April, 2024 at 2:34:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By **CRAIG S SAMPSON**

Signature of Authorized Person

Form No. 631 Revised 09/07

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