



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**\* 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.**

1. Corporate ID No. <b>28352</b>		2. Name of Corporation <b>Memorial Baptist Church</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>62 East Ave</b>		City <b>North Providence</b>	Zip <b>02911</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>American Baptist Church</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Richard Caron</b>			Vice President Name		
Street Address <b>18 Cherry Hill Dr.</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>Joan Randell</b>			Treasurer Name <b>John N Peacock Jr</b>		
Street Address <b>85 Arnold Rd.</b>			Street Address <b>32 Arthur St.</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02761</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Gabrial Stone</b>			Director Name <b>Gorden Holiday</b>		
Street Address <b>360 Central Ave</b>			Street Address <b>25 Baltic St.</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Director Name <b>Donald Brown</b>			Director Name		
Street Address <b>45 Grant St.</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>John N Peacock Jr</b>			Address		
Address <b>62 East Ave</b>			City <b>North Providence</b>	Zip <b>02911</b>	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date **JUN 25 2008**

Check No. **By 2229**

By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**John N Peacock Jr**

Print or Type Name of Officer

**Treasurer**

Title of Officer