

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

Form 631 Rev. 12/06

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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	2. Name of Corporation Woodlawn Baptist Church					
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		City	Zip	
RI	337 Lone	sdale Ave		PAWILLER	02860	
5. Foreign corporation. Enter principal office address		,	City	State	Zíp	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla SUN day Worship Services (morning Metrog Service along With Youth 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH.  President Name Rev Terry Margan			ng & evening) Wed nesday Prayer			
Street Address J 400 FRONT St			Street Address 167 Whittier Road			
Lincoln	State R I	02865		State RI	2ip 0 286 1	
Secretary Name CAROLYN L. Profughi			Treasurer Name PALLICA HURTUNI			
Street Address Randall 5+			Street Address 58 Langden D2			
GREENVIlle	State RI	02828	PAWI	State RI	Zip O Z 861	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) COR						
Joel Biliouris			Milton Biliouris			
Street Address 53 Marlaine Drive  Ctty Seekonk  State  Ala  DRIVE  DRIVE  DRIVE  DRIVE			Street Address Pinecrest DRIVE			
Seekonk	State Na	<sup>Zip</sup> 02771	PAUT	State Z	749 02861	
Director Name DAVId Wyllie			Tom Mahoney			
Street Address 190 Ballston AVE			Street Address 149 Grandview AVE			
PAUT	1	zφ 0 Z.86 /	~ Acom	K Z	02865	
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			Address			
Address			City	Zφ		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained herein are true and/correct.)  Wollin L. Spokuaki 06/18.
JUN 2 7 2008 Check No	Signapure of Officer J Date CAROLYN L. Profughi
By:	Print of Type Name of Officer  Secretary
FOR SECRETARY OF STATE USE ONLY	Title of Officer