

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 \_2009

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.

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1. Corporate ID No.	2. Name of Corporation				
29273		Central Bapti			
3. State of Incorporation Rhode Island	4. Corporate address in R 3270 Post I	bode Island - Street Addre Road	<i>88</i>	Gity Warwick	02886
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of	of the affairs which are act	ually conducted in Rhode	Island		
Conducting th					
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTAC	CHMENT)	BEFORE USING ATTA	CHMENTS
President Name David C. Maine			Vice President Name William Place		
Street Address 148 Lucas Road			Street Address 12 Ebony Drive		
Warwick	State RI	<sup>Zip</sup> 02818	East Greenwich	State RI	02818
Secretary Name Paula Lynch			Treasurer Name Audrey D'Ambruoso		
			Street Address	30	
Street Address 16 Marjorie Lane			1055 Narragansett Parkway		
City	State	Zip	Cily	State	Zip
Warwick	RI	02886	Warwick	RI	02888
			ACHMENT) FILL IN SPACES		
	ORS OF A DOMESTIC	C (RHODE ISLAND)	CORPORATION SHALL NOT	T BE LESS THAN THR	<u>EE</u> (3). R.I.G.L. 7-6-23
Director Name			Director Name		
John Thorpe			Keith Nelson		
Street Address			Street Address 5 Wintergreen Court		
101 Adams Street	State	20.	City	State	2/6
Warwick	RI	<sup>Ζιρ</sup> 02888	Coventry	RI	02816
Director Name John Worthington			Director Name		
Street Address 16A Eagle Run			Street Address		
City	State	Zip	Gity	State	Zip
East Greenwich	RI	02818	1		,
9. REGISTERED AGENT IN	RHODE ISLAND	•		•	·
This information is currently of	of record in the Office	of the Secretary of Si	ate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-1	3/7-6-78
This report must	ha cionad by aither t	he President Vice P	esident Secretary Assistant S	ecretary Treasurer Re	caiver or Trustee

File Date FILED
Check No. MAY 1 5 2009
By 5/32/
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

Date

David C. Maine

Print or Type Name of Officer

President