

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.3040

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.

Thirty jee by #25/00/					
1. Corporate ID No. 78309	2 Name of Corporation Community Baptist Church of Newport, RI				
Rhode Island	4. Corporate address in Rhode Island - Street Address 50 Dr. Marcus F. Wheatland Blvd.			Newport	^{Zip} 02840
5. Foreign corporation. Enter principal office address			Сиу	State	Zip
6. Brief Description of the character Religious Ser	vices				
7. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name (Moderator) Cheryl Robinson			WAPSSEN Ma Moderator Fern Lima		
Street Address 564 Jepson Lane			Street 2d Press Heath St.		
Middletown	State RI	^{Zip} 02842	Newport	State RI	^{zi} 02840
Secretary Name Edna M. Wells			Treasurer Name Guy E. Weston		
Street Address 49 Garfield St.			Street Address 19 Elm St.		
Newport	State RI	^{Zip} 02840	Newport Newport	State RI	^{zi} 02840
8. NAMES AND ADDRESSE	s OF THE DIREC	TORS: ("X" BOX FOR A	 	 ES BEFORE USING ATTA	 ACHMENTS
THE NUMBER OF DIRECT	ORS OF A DOME	STIC (RHODE ISLANI	D) CORPORATION <u>SHALL N</u>	OT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23
Director Name Elaine Lewis			Director Name Willa L. Johnson		
Street Address 32 Pond Ave.			Street Address 23 Gildas Lane		
cuy Newpo r t	State RI	02840	Portsmouth	State RI	^z 62871
Director Name Pauline Perkins-Moye'			Director Name Maxine Shavers		
Street Address 24 Burnside Ave.			Street Address 16 Heath St.		
City Newport	RI RI	^{Zip} 02840	City Newport	State R I	^{Zip} 02840
9. REGISTERED AGENT IN Edna M. Wells This information is currently		ffice of the Secretary of S	State. Changes require filing of l	Form 641 - R.I.G.L. 7-6-13	3/7-6-78
This report mus	t he signed by gith	or the President Mine I	3		

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

- CILED -					
1 ILLD					
File Date					
Check No. RV 12550					
Ву:					
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affirm the	at I have examined this
report, including any accompanying schedules an	d statements, and that all
statements contained herein are true and correct.	
Idna m Wells	5/8/09
Signature of Officer	Date
Edna M. Wells	

Print or Type Name of Officer Church Clerk/Secretary

Title of Officer