

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

401.2

Filling Period: June 1 - June 30 • Filling 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.			<u> </u>		, , , , ,	
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
28063		Greater Rhode Island Baptist Temple				
3. State of Incorporation	I -	dress in Rhode Island - Street		City	Zip	
Rhode Island		006 - 671 Greenville	Avenue	Johnston	02919	
5. Foreign corporation. Enter principal office address			City	State	Zip	
					_	
6. Brief Description of the charact	er of the affairs whi	ch are actually conducted in R	bode Island			
religious						
7. NAMES AND ADDRESS	ES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SE	ACES REFORE HEING ATT	'A CHAIGHTE	
President Name			TTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Thomas G. Crichton III			none			
Street Address		<u></u>	Street Address			
8 DiPonte Drive			0.000 7.000			
City	State	Zip	City	State	Zip	
Johnston	RI	02919			,	
Secretary Name			Treasurer Name			
Christy Krampert			Frank Pacheco			
Street Address			Street Address	<u> </u>		
21 Marne Street			185 Mountaindale Road			
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Smithfield	RI	02917	
8. NAMES AND ADDRESS	ES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SI	PACES BEFORE USING AT	TACHMENTS	
THE NUMBER OF DIREC	TORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHAL</u>	L NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Ronald Williams (truste	e)		Glenisson deOliveira (Trustee)			
Street Address			Street Address			
7 Tall Oaks Court			383 Mt. Pleasant Avenue			
City	State	Zip	City	State	Zip	
<u>Johnston</u>	_ RI	02919	Providence	RI	02908	
Director Name			Director Name			
Nathan Paquet (trustee)			Paul Jolicoeur (Trustee)			
Street Address			Street Address			
7 Forest Hill Drive			16 Park Lane			
City	State	Z i p	City	State	Zip	
Johnston	RI	0291	Norton	MA	02766	
9. REGISTERED AGENT IN	N RHODE ISLAN	ND		•	•	
This information is currently	of record in the	Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This report mu	st be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer Re	ceiver or Trustee	

28063				
FILED	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. Signature of Officer Statement Company Com			
By 5.380	Thomas G. Crichton III Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY	Pastor/President Title of Officer			