

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2000 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.

penuity fee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
72891	Phenix Bapti	st Church			
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
Rhode Island	2 Fairview A	venue		West Warwick	02893
5. Foreign corporation. Enter principal office address			City .	State	Zip
6. Brief Description of the charact	er of the affairs which	are actually conducted in RI.	oode Island		
Maintenance of the Public	Worship of God	ľ			
7. NAMES AND ADDRESS	ES OF THE OFFI	CERS: ("X" BOX FOR A	TACHMENT) 🔲 FILL IN SP	ACES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
E. Charles Whitford			Martha Buxton		
Street Address	· ··		Street Address		
906 Main Street			7 White Lane		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Hope	RI	02831
Secretary Name			Treasurer Name		
JoAnn Gorman			Dorothy Brindamour		
Street Address			Street Address		
4 North Pleasant Street			6 Pond View Drive		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Coventry	RI	02816
				ACES BEFORE USING ATTAC	
	TORS OF A DOM	ESTIC (RHODE ISLA)	1	L NOT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Carolyn Lynch			Duane Burnham		
Street Address			Street Address		
25 Water Valley Road			235 Pig Hill Road		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	Greene	RI	02827
Director Name			Director Name		
Michael Greene			Ann LeBelle		
Street Address			Street Address		
9 Patnode Avenue			1 Lions Drive		
City	State	Zip	City	State	Ζip
Hope	RI	02831	l Coventry	RI	02816
9. REGISTERED AGENT II	N KHODE ISLAN	V			
This information is currently	of record in the	Office of the Secretary o	f State. Changes require filing	of Form 641 - R.I.G.L. 7-6-13/	7-6-78
This report mu	st be signed by e	ither the President, Vice	e President, Secretary, Assist	tant Secretary, Treasurer, Rece	iver or Trustee

72891	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 6-16-09 Check No. 12215	statements contained herein are true and correct. Signature of Officer Dorothy Brindamour
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasurer Title of Officer Form 631 Rev. 09/17