



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.

|                                                                                                                                                                      |             |                                                                             |                                      |                     |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------|--------------------------------------|---------------------|--------------|
| 1. Corporate ID No.<br>27176                                                                                                                                         |             | 2. Name of Corporation<br>FIRST BAPTIST CHURCH AT CROSS' MILLS              |                                      |                     |              |
| 3. State of Incorporation<br>RHODE ISLAND                                                                                                                            |             | 4. Corporate address in Rhode Island - Street Address<br>4403 OLD POST ROAD |                                      | City<br>CHARLESTOWN | Zip<br>02813 |
| 5. Foreign corporation. Enter principal office address                                                                                                               |             |                                                                             | City                                 | State               | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>CONDUCT WORSHIP SERVICES, MEETINGS AND USUAL COMMUNITY SERVICES |             |                                                                             |                                      |                     |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                    |             |                                                                             |                                      |                     |              |
| President Name<br>JOAN M. GRINNELL                                                                                                                                   |             |                                                                             | Vice President Name<br>ROY RATHBONE  |                     |              |
| Street Address<br>40 MARSH DRIVE                                                                                                                                     |             |                                                                             | Street Address<br>3700 POST ROAD     |                     |              |
| City<br>CHARLESTOWN                                                                                                                                                  | State<br>RI | Zip<br>02813                                                                | City<br>WAKEFIELD                    | State<br>RI         | Zip<br>02813 |
| Secretary Name<br>JACKIE ENNIS                                                                                                                                       |             |                                                                             | Treasurer Name<br>LEROY A. GRINNELL  |                     |              |
| Street Address<br>30 ENNIS LANE                                                                                                                                      |             |                                                                             | Street Address<br>40 MARSH DRIVE     |                     |              |
| City<br>CHARLESTOWN                                                                                                                                                  | State<br>RI | Zip<br>02813                                                                | City<br>CHARLESTOWN                  | State<br>RI         | Zip<br>02813 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                   |             |                                                                             |                                      |                     |              |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                                                   |             |                                                                             |                                      |                     |              |
| Director Name<br>WILLIAM PRATT                                                                                                                                       |             |                                                                             | Director Name<br>MARGARET CASWELL    |                     |              |
| Street Address<br>195 TWIN PENINSULA ROAD                                                                                                                            |             |                                                                             | Street Address<br>310 HIGH STREET    |                     |              |
| City<br>WAKEFIELD                                                                                                                                                    | State<br>RI | Zip<br>02879                                                                | City<br>WAKEFIELD                    | State<br>RI         | Zip<br>02879 |
| Director Name<br>ROBERT FITZGERALD                                                                                                                                   |             |                                                                             | Director Name<br>NANCY WALLBILICH    |                     |              |
| Street Address<br>NARROW LANE                                                                                                                                        |             |                                                                             | Street Address<br>85 RIVERVIEW DRIVE |                     |              |
| City<br>CHARLESTOWN                                                                                                                                                  | State<br>RI | Zip<br>02813                                                                | City<br>CHARLESTOWN                  | State<br>RI         | Zip<br>02813 |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                                                  |             |                                                                             |                                      |                     |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78                         |             |                                                                             |                                      |                     |              |

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

27176

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|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | JUL 01 2009  |
| By                              | By 7589      |
| 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

LEROY A GRINNELL

Print or Type Name of Officer

TREASURER

Title of Officer