

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					
27942	THE NORTH SCITUATE BAPTIST CHURCH OF NORTH SCITUATE, PHODE INAND					
3. State of Incorporation Rhode Island	1. Corporate macress in	nooue isiana - Street Aaai	ress	Čity	Zip	
	69 West Gra	enville Road;	10 Box 427			
5. Foreign corporation. Enter principal office address			City	State	Zip	
N A						
6. Brief Description of the character Reliques in mat	trof the affairs which are a ture and consist	ctually conducted in Rhode territ with pract	ices and teachings	of Christian Chi	rch	
7. NAMES AND ADDRESS	ES OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES REFORE LISING A	TTACUMENTO	
President Name			HMENT)			
Russell Brush			Kimberly Vernava			
Street Address	نم ارن- نمارن		Street Address			
617 West Greenville Rd.			46 White Pine Drive			
City	State	Zip	City	State RI	Zip	
N. Scituate		02857	N. Scituate	KI	02857	
Secretary Name			Treasurer Name			
Allison C. Thenel			Margaret Heroux			
Street Address 37 Davis Road			Street Address School Street			
City	State	Zip	City			
N. Scituate	RI	02857	Smithfield	RI	02917	
THE NUMBER OF DERECE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	FACHMENT) TILL IN SPACE		TTACHMENTS	
Director Name	OKS OF A DOMESTI	C (RHODE ISLAND)) CORPORATION <u>SHALL N</u>	<u>VOT BE LESS THAN T</u>	HREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Street Address Street Address			Dr. Daniel W. Cottrell			
1130 Chapmist Hill Road			1130 Chapmist Hill Rad			
N. Scitvote	State (2)	^{Zip} のなり	N. Seituate	State R1	^{24p} 02859	
Amy Brush			Director Name			
617 West Greenville Roed			Street Address			
N. Scitate	State R1	02857	Сиу	State	Zip	
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						
			esident, Secretary, Assistant			
-	5 7		, overeini, rissistani	cocceaty, ficasules,	Necesyer of Trustee	

	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 6-30-09	statements contained herein are true and correct.
Check No	Signature of Officer Date Allison C. Thienel
y mne	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Church Clerk (Sex retary)
 -	Form 631 Rev. 09/17