

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.	12.11 (21.11)	<u> </u>			
1. Corporate ID No. 26996	2. Name of Corporation				
	Baptist Church in			Lan	T
3. State of Incorporation		Rbode Island - Street Address		City	Zip
Rhode Island	16 Miller Street			Warren	02885
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	md		.
Promote religious growth					
7. NAMES AND ADDRESSES	S OF THE OFFICERS	. ("Y" DOV EOD ATTACU	MENT) - FILL IN SDACES I	BEFORE USING ATTA	CHMENTS
President Name	or the officers	:(A BOA FOR AIIACH	Vice President Name	DEFORE USING ATTA	CHMENIS
Beverly Mansi			Fire H Rohinson		
Street Address			Street Address		
16 Miller Street			16 Miller street		
Сйу	State	Zip	City	State	Zip
Warren	RI	02885	Marlen	1 KI	02885
Secretary Name	بد.		Treasurer Name		
Kevin Berouty			Jessica Massotti		
Street Address 411/er	street		Street Address 16 Miller Street		
City		1			
City	State		City	State	Zip
Warren	RI	1 02885	Warren	RI	02885
Warren	RI	1 02885	*	RI	02885
Warren 8. Names and addresses	RI S OF THE DIRECTOR	02885 RS: ("x" box for attac	Warren	RI BEFORE USING ATTA	02885 CHMENTS
Warren 8. Names and addresses	RI S OF THE DIRECTOR	02885 RS: ("x" box for attac	Warren CHMENT) FILL IN SPACES IN CORPORATION SHALL NOT Director Name	RI BEFORE USING ATTA BE LESS THAN THR	02885 CHMENTS
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NAMES AND ADDRESSES THE NUMBER OF DIRECTO Director Name Esther Irish Street Address 16 Miller Street	S OF THE DIRECTOR	UZSS5 as: ("x" box for attac c (rhode island) c	Warren CHMENT) FILL IN SPACES IN CORPORATION SHALL NOT Director Name Street Address 16 Miller St	RI BEFORE USING ATTA BE LESS THAN THR	02885 CHMENTS
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This report must be signed by either the Presid	dent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
2 6996	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a
ite Date	statements contained herein are true and correct. Signature of Officer Date
heck No	Jessica Massotti Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Title of Officer