

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 401.2 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 smaller for a f \$25.500

penalty fee of \$25.00.					•	
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation				
137852	Wakefield I	Wakefield Baptist Church				
3. State of Incorporation	4. Corporate aa	ldress in Rhode Island - Street	Address	City	Zip	
Rhode Island	236 Main 5	Street		Wakefield	02879	
5. Foreign corporation. Enter principal office address			City	State	Zip	
none			none	none	none	
6. Brief Description of the cha	tracter of the affairs whi	ch are actually conducted in R	hode Island		······································	
Worship, Mission, den	nonstrate Christ's	ove in service to the wo	rld			
	ESSES OF THE OF	FICERS: ("X" BOX FOR A		ACES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Catherine W. Hollow	<i>r</i> ay		none			
Street Address			Street Address			
1217 Shannock Rd	State	17:	none			
Charlestown	RI	Zip	City	State	Zip	
Secretary Name		02813	none	none	none	
Secretary Name Julie Wardwell			Treasurer Name Jill McGuire			
		· · · · · · · · · · · · · · · · · · ·				
Street Address 167C Southwinds Drvie			Street Address 191 Winchester Dr			
City	State	Zip	City	State	2:	
Wakefield	RI	02879	i *		Zip	
			Wakefield • <i>ATTACHMENT</i> )	RI	02879	
Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23    Director Name			
J. Whitney Bancroft Street Address			Richard Hendricks Street Address			
51 Mellbridge Dr			( The second sec			
City	State	Zip	27 Fire Lane #3	State	7/6	
Wakefield	RI	02879	Wakefield		Zip	
Director Name	1131	102019	Director Name	RI	02879	
Jay Wang			none			
Street Address			Street Address			
1 Southwick Circle			none			
City	State	Zip	City	State	Zip	
Saunderstown	RI	02874	none	none	none	
9. REGISTERED AGEN			HUNG	Luone	Luone	
This information is curre	ently of record in th	e 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 Vic	ce President, Secretary, Assist	ant Secretary Teacourer D.	scaluar or Trustes	
Tam topote	or ordinor by	The standard the s	of Freedom, Occident, Assist	um Secretary, Heasurer, Ri	ectact of figures	

File Date	FILED
Check No.	JUL 07 2009
By:	By 4395

137852

Under penalty of perjury, I declare and report, including any accompanying sel	
statements contained herein are true and	d correct.
Signature of Officer	. Wolloway
Catherine W. Holloway	•
Print or Type Name of Officer	
President	
Title of Officer	Form 631 Rev. 09/17
	1 OHH 034 KCV. 09/17