



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 2010

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. 27251		2. Name of Corporation BETHKI	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 33 MILL RD	
		City FOSTER	Zip 02825
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Preaching THE GOSPEL			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NEWELL W WRIGHT II		Vice President Name MATTHEW WRIGHT	
Street Address 33 MILL RD		Street Address 33 MILL RD	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
Secretary Name MATTHEW WRIGHT		Treasurer Name NEWELL W WRIGHT II	
Street Address 33 MILL RD		Street Address 33 MILL RD	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 NEWELL W WRIGHT II		Director Name MATTHEW WRIGHT	
Street Address 33 MILL RD		Street Address 33 MILL RD	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
Director Name OLIV BARBARA WRIGHT		Director Name	
Street Address 33 MILL RD		Street Address	
City FOSTER	State RI	City	State
Zip 02825		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			

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

FILED

File Date	FEB 02 2011
Check No.	BY 6580
By:	
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
NEWELL W. WRIGHT II
Date
1/31/11
Print or Type Name of Officer
NEWELL W. WRIGHT II
Title of Officer
President