

A. Raiph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222 3040 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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DNP-3122 Shawomet Doptist Church In WARWICK)				
Rhode Island 1642 West St	nore Road	Warwick	(C.)	
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				
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
DONGLAS WILLOX	Richard R	eynolds		
36 BRYANT ROAD	Street Address Congi		reet	
CRANSTON RI 62910	Warwick	State	02889	
Vuginia L. Pickering	Cay WICO	* Browne	٩	
120 Park Avenue	365 Nam 9	uid Driv	e	
Warwick State 21 240 2889	Warwick	State P 1	02888	
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 NANCY REYNOLDS	Director Name	ETNOUS	(9)	
Street Address 82-CONGRESS STREET	Street Address	AVENUE		
WARWICK RI 02889	CHY ARENICK	State Z i	^{2ip} 0 2889	
Director Name BOB DAULDSON	Director Name	DWARDS	, 0280 ,	
Street Address 15 WHITE ROCK ROAP	Street Address	ANT AUE	AUNE	
City State CL Zip 2789 WAREOUCK R (0289 P. REGISTERED AGENT IN RHODE ISLAND	CHYWARRICK		02889	
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 great must be sixed by si				

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

FILED	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 JUN 02 2011	statements contained herein are true and correct.
Check No. By MMC	Signature of Officer VA V (MA 1) 1 1 1 1 1 Ct 0 (Ch A)
Ву:8946	Print or type Name of Officer DOC COLLACIA
FOR SECRETARY OF STATE USE ONLY	Tule of Officer