

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 20//

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.		······································	ODI) is subject to u	
1. Corporate ID No. 2. Name of Corporation	, /	17		
133086 FIRST BAPTIST CHURCH OF WEST WARWICK				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address		City	Zip	
BI 1613 MAIN STREET	-	WESTLIARING	6289.3	
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 Isl.	and			
CHURCH SERVICES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACK	IMENTS	
President Name	Vice President Name			
LINDA M. HANSEN				
Street Address	Street Address			
12 FRIAR TUCK LANE				
City State Zip	City	State	Zip	
COVENTRY RI 028/6			1	
Secretary Name	Treasurer Name	·	<u> </u>	
GENISA URQUHART	KATHKEEN KI	NZGAN		
Street Address	Street Address	J		
417 HTWELLS HVENUE 3RD 12	156 COUNTRY	DRIVE		
City State Zip	City	State	Zip	
PROVIDENCE KI 102809	WEST WARWICK	I KL	02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTACI	HMENTS	
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	Director Name		(0):	
ERNEST LEIN	JOAN LAN	20NT		
Street Address	Street Address	10101		
6342 FLAT KIVER ROAD	\$ 57 EAST SH	ORE DRIVE		
City State Zip	City	State	Zip	
GREENE State RI 02827	COVENITRY	$I \mathcal{R} \mathcal{T}$	02816	
Director Name	Director Name	<u> </u>	100-070	
MICHAEL CERRETO	LDONALD HAN.	SEN		
Street Address	Street Address			
28/ HOPE TUR NACE KOAD	12 FRIAR TUCK	LANE		
City State Zip	City	State	Ζip	
HOPE RI 02831	COVENTRY	\mathcal{L}	02816	
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State Changes and State Chan				
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 Descident Visa Paridon S				

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 to report, including any accompanying schedules and statements, and that statements contained herein are true and correct. Signature of Officer By: 9363 Under penalty of perjury, I declare and affirm that I have examined to report, including any accompanying schedules and statements, and that statements contained herein are true and correct. Signature of Officer Date Print or Type Name of Officer		
File Date JUN 07 2011 Check No. Signature of Officer LINDA M. HANSEN Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
Check No	File Date	statements contained herein are true and correct.
By: Print or Type Name of Officer	Check No. By MMC	LINDA M. HANSEN
FOR SECRETARY OF STATE USE ONLY Title of Officer PRESIDENT		MODERATOR (PRESIDENT)