



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 2011**

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. Corporation ID No. <u>27366</u>   |                      | 2. Name of Corporation<br><u>FOSTER CENTER BAPTIST CHURCH</u>                      |                      |
| 3. State of Incorporation<br><u>R.I.</u>   |                      | 4. Corporate address in Rhode Island - Street Address<br><u>185 HOWARD HILL RD</u> |                      |
|  |                      | City<br><u>FOSTER</u>  | Zip<br><u>02825</u>  |
| 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<br><u>WORSHIP + CHRISTIAN EDUCATION</u>    |                      |  |                      |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                      |  |                      |
| President Name<br><u>ROY SHIPPEE</u>   |                      | Vice President Name<br><u>ANITA GRIST</u>  |                      |
| Street Address<br><u>186 HARTFORD PIKE</u>   |                      | Street Address<br><u>61A HOWARD HILL RD</u>  |                      |
| City<br><u>FOSTER</u>  | State<br><u>R.I.</u> | City<br><u>FOSTER</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02825</u>  |                      | Zip<br><u>02825</u>  |                      |
| Secretary Name<br><u>DOROTHY SHIPPEE</u>   |                      | Treasurer Name<br><u>THOMAS WALDEN</u>   |                      |
| Street Address<br><u>186 HARTFORD PIKE</u>   |                      | Street Address<br><u>103 CENTRAL PIKE</u>  |                      |
| City<br><u>FOSTER</u>  | State<br><u>R.I.</u> | City<br><u>FOSTER</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02825</u>  |                      | Zip<br><u>02825</u>  |                      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><u>ROY SHIPPEE</u>  |                      | Director Name<br><u>THOMAS WALDEN</u>  |                      |
| Street Address<br><u>186 HARTFORD PIKE</u>   |                      | Street Address<br><u>103 CENTRAL PIKE</u>  |                      |
| City<br><u>FOSTER</u>  | State<br><u>R.I.</u> | City<br><u>FOSTER</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02825</u>  |                      | Zip<br><u>02825</u>  |                      |
| Director Name<br><u>EARL BAGLEY</u>  |                      | Director Name<br><u>MARGRET SHIPPEE</u>  |                      |
| Street Address<br><u>150 SOUTH KILLINGLY RD</u>  |                      | Street Address<br><u>15 KING RD</u>  |                      |
| City<br><u>FOSTER</u>  | State<br><u>R.I.</u> | City<br><u>FOSTER</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02825</u>  |                      | Zip<br><u>02825</u>  |                      |
| 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

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <u>JUN 20 2011</u> |
| Check No.                       | <u>638</u>         |
| By: <u>BY</u>                   |                    |
| 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.

Roy Shippee 6-15-11  
Signature of Officer Date  
ROY SHIPPEE  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer