



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

2012 JUN - 1 PM 4:15
 SECRETARY OF STATE
 CORPORATIONS DIV

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30069		2. Exact name of the Corporation CONGDON STREET Baptist Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A non profit Baptist Church who provides religious services to the community			
5. Principal office address 817 CONGDON STREET		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CLARENCE R. SNEAD JR			Vice-President Name BERNARD Taylor		
Street Address 24 Morpheus Drive			Street Address 140 Fourth Street		
City Comberland	State RI	Zip 02864	City Providence	State RI	Zip 02906
Secretary Name			Treasurer Name ALYSIA Smith		
Street Address			Street Address 14 Wild Flower Circle		
City	State	Zip	City WARWICK	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CLARENCE R. SNEAD JR			Director Name ALYSIA Smith		
Street Address 24 Morpheus Drive			Street Address 14 Wild Flower Circle		
City Comberland	State RI	Zip 02864	City WARWICK	State RI	Zip 02889
Director Name Bernard Taylor			Director Name		
Street Address 140 Fourth Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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: *Alysia Smith* Date: 6/1/12
 Print or Type Name of Officer: ALYSIA Smith
 Title of Officer: Treasurer