



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000027942

2. Name of Corporation THE NORTH SCITUATE BAPTIST CHURCH OF NORTH SCITUATE, RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 619 WEST GREENVILLE ROAD
P.O. BOX 427

City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BAPTIST CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIMBERLY VERNAVA	46 WHITE PINE DRIVE NORTH SCITUATE, RI 02857 USA
SECRETARY	ALLISON C THIENEL	37 DAVIS ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	DR. REPPA M COTTRELL	1130 CHOPMIST HILL ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	STEVEN GIRARD	18 SOUTH WOODLAND ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	STEVEN PECHIE	479 CENTRAL PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	JOANNE MORRISSEY	30 HOWARD HILL ROAD FOSTER, RI 02825 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ALLISON C. THIENEL 619 WEST GREENVILLE ROAD P.O. BOX 427 NORTH SCITUATE , RI 02857

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

Signed this 14 Day of June, 2012 at 10:19:33 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALLISON C. THIENEL
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or

Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07