



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

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. 28225		2. Exact name of the Corporation The Norwood Baptist Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 48 Budlong Ave		City Warwick	State RI	Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Craig W. Carpenter		Vice-President Name Robert M. Heathcote			
Street Address 29 South Pond Drive		Street Address 10 Crestwood Lane			
City Coventry	State RI	Zip 02816	City Lincoln	State RI	Zip 02865
Secretary Name Heather F. Adams		Treasurer Name Susan N. D'Antuono			
Street Address 58 Lufkin Court		Street Address 15 Field Court			
City Warwick	State RI	Zip 02888	City North Kingstown	State RI	Zip 02852
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 Craig W. Carpenter		Director Name Robert M. Heathcote			
Street Address 29 South Pond Drive		Street Address 10 Crestwood Lane			
City Coventry	State RI	Zip 02816	City Lincoln	State RI	Zip 02865
Director Name Heather F. Adams		Director Name Susan N. D'Antuono			
Street Address 58 Lufkin Court		Street Address 15 Field Court			
City Warwick	State RI	Zip 02888	City North Kingstown	State RI	Zip 02952
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

JUN 14 2012

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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.

Heather F. Adams 06/10/12
 Signature of Officer Date

Heather F. Adams

Print or Type Name of Officer

Secretary

Title of Officer