



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. 27366		2. Exact name of the Corporation FOSTER CENTER BAPTIST CHURCH			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island WORSHIP + CHRISTIAN EDUCATION			
5. Principal office address 185 HOWARD HILL RD			City FOSTER	State RI	Zip 02825
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROY SHIPPEE			Vice-President Name ANITA GRIST		
Street Address 180 HARTFORD PIKE			Street Address 61A HOWARD HILL RD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name DOROTHY SHIPPEE			Treasurer Name TOM WALDEN		
Street Address 180 HARTFORD PIKE			Street Address 103 CENTRAL PIKE		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
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 ROY SHIPPEE			Director Name MARGRET SHIPPEE		
Street Address 180 HARTFORD PIKE			Street Address 15 KING RD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Director Name TOM WALDEN			Director Name FAITH JAKOBSON		
Street Address 103 CENTRAL PIKE			Street Address 57 KNOTTY OAK RD		
City FOSTER	State RI	Zip 02825	City COVENTRY	State RI	Zip 02816
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.

Roy L. Shippee 6-17-12
 Signature of Officer Date

ROY L. SHIPPEE
 Print or Type Name of Officer

President
 Title of Officer