



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. 30088		2. Exact name of the Corporation Saint James Baptist Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Worship Services			
5. Principal office address		City Woonsocket		State RI	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name (Chairman Deacon Board) Thomas Gray			Vice-President Name (chairman Trustee Board) Michael Sanders		
Street Address 55 Arlington St			Street Address 68 Knollwood Dr		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Christine Duarte			Treasurer Name Gabrielle Prescott		
Street Address 85 Woodland Rd			Street Address 797 Fairmount St		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name (Chief Financial Officer) Carol Chattman			Director Name (Church Clerk) Pauline Washington		
Street Address 69 Merida Ave			Street Address 103 Olo St		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name (Pastor) Reverend Dr. Sammy C. Vaughan			Director Name (Chairwoman Deaconess Board) Joyce Weston		
Street Address 228 Campeau St			Street Address 126 Third Ave 1st Floor		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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

Date

Print or Type Name of Officer

Title of Officer