



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. 27174		2. Exact name of the Corporation First Baptist Church of Charlestown at Monochoristang			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Baptist Church			
5. Principal office address 5073 Old Post Rd			City Charlestown	State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jean Babcock			Vice-President Name None		
Street Address 21 Powwaget Ave			Street Address		
City Charlestown	State R.I.	Zip 02813	City	State	Zip
Secretary Name Susan Perreault			Treasurer Name Ellin Trissler		
Street Address 10 Chase Hill Rd			Street Address 3 Cayuga Rd		
City Ashaway	State RI	Zip 02804	City Charlestown	State RI	Zip 02813
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 Jean Babcock			Director Name Susan Perreault		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
Director Name Glenn Babcock			Director Name Ellin Trissler		
Street Address 75 Lissa Dr.			Street Address see above		
City Charlestown	State RI	Zip 02813	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
JUN 21 2012
31 36

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.

Ellin A. Trissler 6-17-12
 Signature of Officer Date

Ellin G. Trissler
 Print or Type Name of Officer
Treasurer
 Title of Officer