



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. 27031		2. Exact name of the Corporation The Barrington Baptist Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church ministries plus day care program and 8 week camp. Each are sponsored by The Barrington Baptist Church			
5. Principal office address Old County Rd			City Barrington	State RI	Zip 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steve Stockchecker			Vice-President Name John Donahue		
Street Address 2 Fairfield Drive			Street Address 45 Halsey St		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
Secretary Name Dave Westberg			Treasurer Name Cindy Weinrebe		
Street Address 231 Greenwood Ave			Street Address 13 Little St		
City Cranston	State RI	Zip 02910	City E Providence	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Pastor Paul A. Martins			Director Name Michael Skibo		
Street Address 16 Pickett Rd			Street Address 3 Hunt Drive		
City East Providence	State RI	Zip 02914	City Barrington	State RI	Zip 02806
Director Name Pastor Kim Nelson			Director Name John Reynolds		
Street Address 282 Wilson Ave			Street Address 60 Boyden Blvd		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02915
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

FILED

File Date _____

JUN 22 2012

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 Cindy Weinrebe Date 6/20/12

Print or Type Name of Officer Cindy Weinrebe

Title of Officer Treasurer



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5. Principal office address		City	State	Zip	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Denis Dionne			Director Name Michael Del Tatto		
Street Address 166 Stanton Ave			Street Address 41 Peckham Place		
City East Providence	State RI	Zip 02915	City Bristol	State RI	Zip 02809
Director Name Everett Horton			Director Name		
Street Address 54 Redland Ave			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
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By *MNC*
ID # 27031

Signature of Officer _____ Date _____

ATTACHMENT TO PAGE 1

Print or Type Name of Officer _____

Title of Officer _____

Attachment