



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. 137852		2. Exact name of the Corporation Wakefield Baptist church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Worship, Mission, demonstrate Christ's love in service to the world.			
5. Principal office address 236 Main St.		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John H. Adams		Vice-President Name none			
Street Address 35 Liena Rose Way		Street Address none			
City Coventry	State RI	Zip 02816	City none	State none	Zip none
Secretary Name Julie Wardwell		Treasurer Name Jill McGuire			
Street Address 157C Southwind Drive		Street Address 191 Winchester Drive			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 J. Whitney Bancroft		Director Name Diane Paulhaus			
Street Address 51 Millbridge Drive		Street Address 8B North Castle Way			
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Director Name Harold Grist		Director Name none			
Street Address 94 Shepard Drive		Street Address none			
City South Kingstown	State RI	Zip 02879	City none	State none	Zip none
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

JUN 27 2012

File Date _____

Check No _____

By: _____

By MNC

CA # 5276

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.

John H. Adams 6/14/2012
 Signature of Officer Date

John H. Adams

Print or Type Name of Officer

President

Title of Officer