



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 2013

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. 28817		2. Exact name of the Corporation Quidnick Baptist Society			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 484 Fairview Avenue		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Joseph T. Campbell		Vice-President Name Elder Richard Laprise			
Street Address 99 Doolittle Street		Street Address PO Box 754 (1182 Putnam Pike)			
City Coventry	State RI	Zip 02816	City Chepachet	State RI	Zip 02814
Secretary Name Denise Laprise (Clerk)		Treasurer Name Melody Vieira			
Street Address PO Box 754 (1182 Putnam Pike)		Street Address 105 Wampanoag Trail			
City Chepachet	State RI	Zip 02814	City Riverside	State RI	Zip 02915
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 Rev. Joseph T. Campbell		Director Name Elder Richard Laprise			
Street Address 99 Doolittle Street		Street Address PO Box 754 (1182 Putnam Pike)			
City Coventry	State RI	Zip 02816	City Chepachet	State RI	Zip 02814
Director Name Steve Johnson		Director Name Jacqueline Gorski			
Street Address 8 1/2 Snagwood Road		Street Address 74 Pond Street, 1st Floor			
City Foster	State RI	Zip 02825	City West Warwick	State RI	Zip 02893
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 24 2013

10550

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.

Rev. Joseph T. Campbell **6/16/13**
Signature of Officer Date

Rev. Joseph T. Campbell

Print or Type Name of Officer

President (Pastor)

Title of Officer

Attachment (page 2)



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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
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Director Name Robert Levesque			Director Name		
Street Address 356 Tollgate Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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FILED

JUN 26 2013

FD 28817

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.

Rev. Joseph T. Campbell 6/16/13
 Signature of Officer Date

Rev. Joseph T. Campbell
 Print or Type Name of Officer

President (Pastor)

Title of Officer