



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. 31203		2. Exact name of the Corporation THE SHANNOCK BAPTIST CHURCH, SHANNOCK, RHODE ISLAND			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH ACTIVITIES			
5. Principal office address 1632 SHANNOCK ROAD, PO BOX 268		City SHANNOCK		State RI	Zip 02875
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NONE - SEARCH FOR NEW PRESIDENT		Vice-President Name STEPHEN BEAUREGARD			
Street Address IS IN PROCESS		Street Address 25 ARROWHEAD LANE			
City	State	Zip	City	State	Zip
			W. GREENWICH	RI	02817
Secretary Name LINDA TUCKER		Treasurer Name STEPHEN BEAUREGARD			
Street Address 28 BENHAM STREET, PO BOX 7		Street Address 25 ARROWHEAD LANE			
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	W. GREENWICH	RI	02817
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 WAYNE KENYON		Director Name ROBERT JOHNSON			
Street Address 57 KENYON SCHOOL ROAD		Street Address 277 PROVIDENCE / NEW LONDON TURNPIKE			
City	State	Zip	City	State	Zip
KENYON	RI	02836	NORTH STONINGTON	CT	06359
Director Name FRANK KUNC		Director Name JOHN PALMISANO			
Street Address 52 ROBIN HOLLOW ROAD		Street Address 120 OLD ROSE HILL ROAD			
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WAKEFIELD	RI	02879
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

BY 5786

FILED

JUL 22 2013

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

STEPHEN BEAUREGARD

Print or Type Name of Officer

TREASURER / VICE PRESIDENT
Title of Officer

7/12/13

Date