



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

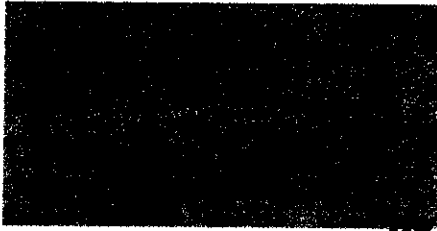
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 31865		2. Exact name of the Corporation Woodlawn Baptist Church	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Hold Church Services Sunday morning, Evenings, and mid-week Prayer meeting	
5. Principal office address 337 Lonsdale Avenue		City PAWtucket	State RI
		Zip 02860	
President Name Rev. Terry Morgan		Vice-President Name Thomas Mahoney	
Street Address 400 FRONT ST		Street Address 149 Grandview Avenue	
City Lincoln	State RI	Zip 02865	City Lincoln
			State RI
			Zip 02865
Secretary Name CAROLYN L. Profughi		Treasurer Name Artin Taskin	
Street Address 23 Randall St		Street Address 7 Timberland Drive	
City Greenville	State RI	Zip 02865	City Lincoln
			State RI
			Zip 02865
Director Name Cindy Profughi-Murphy		Director Name Joe LaDuke	
Street Address 73 Centre St		Street Address 30 Whitaker Ave	
City PAWtucket	State RI	Zip 02860	City East Providence
			State RI
			Zip 02914
Director Name Andrew Morgan		Director Name	
Street Address 204 Russell Drive		Street Address	
City Tiverton	State RI	Zip 02878	City
			State
			Zip

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, duly Authorized Representative, Receiver or Trustee



FILED

MAY 13 2014

BY 12230

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.

Carolyn L. Profughi 5-12-14
 Signature of Officer or Authorized Representative Date

Carolyn L. Profughi
 Print or Type Name of Officer or Authorized Representative