

1. Entity ID No.

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

| 27182 FIRST BAP | OTIST CHURCH OF EAST GREEDWICH |
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| 3. State of Incorporation 4. Brief description of the ch | naracter of business conducted in Rhode Island |
| Rhode Island House of worship | |
| 5. Principal office address 35 Pierce Stre | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" B | SOX FOR ATTACHMENT) |
| President Name | Vice-President Name |
| Chris Burke | Rev. Dr. Jonathan A. Malone Street Address (minister) |
| Street Address 106 Ricci Lane | 190 Lycos Rd. |
| No. Ying stown State RI Zip 02 | -852 City East Greenwich State RI Zip 02818 |
| Secretary Name | Treasurer Name |
| Judy Cockcroft | John Wolcott |
| Street Address 28 Bramble Laue | Street Address 55 Bretton Woods Pr. |
| w. warwick RI 08 | -893 Cranston State RI 2102920 |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) | |
| Director Name | Director Name |
| Mary Karn | Janice Fletcher Street Address |
| 9 Andubon Lane | 69 Bryant Drive |
| City Hope State RI Zip 02 | 1144 1-101-31000 |
| Director Name Cavol Marble | Direction Name |
| Stroot Address | Street Address |
| 140 Spencer Ave. | 19 Topaz Vrive |
| 140 Spencer Ave. City East Greenwich State RI Zip 08 | Street Address 19 Topgz Drive City Warwick RI 210-818 |
| 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 or Trustee | dent, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver |
| | |
| File Date | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements |
|) lie Date | and that all statements contained herein are true and correct. |
| Check No JUN () | 13 2014 Jos M. 1.28 TT 6/1/1 |
| ву: / | Signature of Officer or Authorized Representative Date |
| FOR SECRETARY OF STATE USE ONLY | $\Delta U C \lambda$ |
| FUN SECHETART OF STATE USE UNLT | John M. Wolcott |
| Form No. 631 | Print or Type Name of Officer or Authorized Representative |

Form No. 631 Revised: 04/2014