

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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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. 27019		2. Exact name of the Corporation Faith Baptist Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious. To carry out the great commission of the Lord Jesus Christ and to develop Christian Fellowship among the saints and growth in grace and knowledge.			
5. Principal office address 765 Commonwealth Ave			City Warwick	State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Dr. David C. Smith			Vice-President Name		
Street Address 344 Cowessett Rd.			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Helen G. Vaughn			Treasurer Name Merrill Thomas		
Street Address 3883 Mendon Rd.			Street Address 765 Tollgate Rd.		
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Albert K. Shaw - Trustee			Director Name Thomas J. Butts, III - Trustee		
Street Address 13 Patricia Ave			Street Address 25 Scenic Dr.		
City Smithfield	State RI	Zip 02896	City Warwick	State RI	Zip 02886
Director Name Francis A. Varin - Trustee			Director Name		
Street Address 60 Bratt Lane			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 04 2014

BY

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.

Helen G Vaughn 5/30/14
Signature of Officer or Authorized Representative Date

Signature of Officer or Authorized Representative

Date _____

Helen G. Vaughn

Print or Type Name of Officer or Authorized Representative