



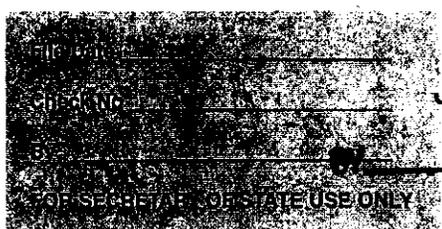
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 70626		2. Exact name of the Corporation Summit Baptist Church, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 1176 Victory highway			City Greene	State RI	Zip 02827
6. ADDITIONAL OFFICES (NAMES AND ADDRESSES) (EX. BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Ferragamo			Vice-President Name		
Street Address 545 Franklin Road			Street Address		
City Greene	State RI	Zip 02827	City	State	Zip
Secretary Name Barbara Rush			Treasurer Name Kelly Laiho		
Street Address 6502 Flat River Road			Street Address 485 Plain Road		
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02817
7. ADDITIONAL OFFICES (NAMES AND ADDRESSES) - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (EX. BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Sheldon			Director Name Sharon St.Martin		
Street Address 762 Victory Highway			Street Address 4090 Flat River Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
Director Name Michael Mann			Director Name Ken Hoffman		
Street Address 511 Sawmill Road			Street Address 175 Provident Place		
City Sterling	State CT	Zip 06371	City Coventry	State RI	Zip 02816
8. IS THIS CORPORATION REGISTERED 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
 JUL 08 2014
 9975

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.

Kelly Laiho 6-29-14
 Signature of Officer or Authorized Representative Date

Treasurer
 Print or Type Name of Officer or Authorized Representative