



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000027942

2. Name of Corporation THE NORTH SCITUATE BAPTIST CHURCH OF NORTH SCITUATE, RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 619 WEST GREENVILLE ROAD

P.O. BOX 427

City or Town: NORTH SCITUATE

State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BAPTIST CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN PECHIE	479 CENTRAL PIKE NORTH SCITUATE, RI 02857 USA
TREASURER	JUDITH BIRNIE	31 DEXTER ROAD

		NORTH SCITUATE, RI 02857 USA
SECRETARY	RACHEL REICHERT	210 OLD SNAKE HILL ROAD CHEPACHET, RI 02814 USA
VICE PRESIDENT	M. BRUCE PINO	14 BARDEN LANE JOHNSTON, RI 02919 USA
DIRECTOR	DR. REPPA COTTRELL	2525 HARKNEY HILL ROAD COVENTRY, RI 02816 USA
DIRECTOR	ERIK CADY	6 APPLE VALLEY DRIVE REHOBOTH, MA 02769 USA
DIRECTOR	LENNY WALH	24 ANSEL AVENUE PROVIDENCE, RI 02907 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ALLISON C. THIENEL 619 WEST GREENVILLE ROAD P.O. BOX 427 NORTH SCITUATE , RI 02857

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 26 Day of July, 2014 at 8:24:20 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RACHEL E. REICHERT
Signature of Authorized Person

Form No. 631
Revised 09/07

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