RI SOS Filing Number: 201449424640 Date: 11/05/2014 4:00 PM

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/business

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.	2. Exact name of the Corporation
29460	**PAWTUXET BAPTIST CHURCH**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**CHRISTIAN MINISTRY AND SERVICES OF WORSHIP**

5. Principal office address	City	State	Zip
2157 BROAD STREET	**CRANSTON**	**RI**	**02905**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
NONE (RESIGNED/VACANT)			**NONE (RESIGNED/VACANT)**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
KATHREEN LUCERO			**DEBORAH BOXSER**		
Street Address			Street Address		
211 BAYVIEW AVE			**59 GASPEE POINT DR**		
City	State	Zip	City	State	Zip
CRANSTON	**RI**	**02905**	**WARWICK**	**RI**	**02888**

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		
JAMES BOXSER			**RAY ATHAIDE**		
Street Address			Street Address		
59 GASPEE POINT DR			**146 SHAMROCK DR**		
City	State	Zip	City	State	Zip
WARWICK	**RI**	**02888**	**WARWICK**	**RI**	**02886**
Director Name			Director Name		
AMY RYAN			**JONATHAN STEVENSON**		
Street Address			Street Address		
48 LOCKWOOD ST			**38 ARNOLD AVE**		
City	State	Zip	City	State	Zip
CRANSTON	**RI**	**02905**	**CRANSTON**	**RI**	**02905**

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, Receiver or Trustee

FILED
NOV 05 2014

File Date
Check No. 12468
By:
FOR SECRETARY OF STATE USE ONLY

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.

Deborah A. Boxser 11-3-14
Signature of Officer Date

DEBORAH BOXSER
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012

113590-3-982195