



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 **2015**

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. 29273		2. Exact name of the Corporation Warwick Central Baptist Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Conducting the affairs of a church			
5. Principal office address 3270 Post Road		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Claire Walker		Vice-President Name No vice-president at this time			
Street Address 15 Alto Street		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name No Secretary at this time		Treasurer Name John Worthington			
Street Address		Street Address 16A Eagle Run			
City	State	Zip	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Thorpe		Director Name Keith Nelson			
Street Address 101 Adams Street		Street Address 5 Wintergreen Court			
City Warwick	State RI	Zip 02888	City Coventry	State RI	Zip 02816
Director Name Sheryl Gauvin		Director Name			
Street Address 29 Centennial Street		Street Address			
City Warwick	State RI	Zip 02886	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

MAY 04 2015

File Date _____

Check No _____

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.

Signature of Officer or Authorized Representative John M. Worthington Date 5/1/15

John M. Worthington, Treasurer

Print or Type Name of Officer or Authorized Representative