



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 28380		2. Exact name of the Corporation Central Baptist Church in Jamestown			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To conduct worship services			
5. Principal office address 99 Narragansett Avenue (P.O. Box 295)		City Jamestown		State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Deborah Nordstrom		Vice-President Name none			
Street Address 88 Southwest Ave.		Street Address			
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Dorothy Strang		Treasurer Name Tanya Crowley			
Street Address 21 Riptide Street		Street Address 99 Narragansett Ave.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Marilyn Dennis		Director Name Todd Merrill			
Street Address 37 Keel Avenue		Street Address 224 Conanicus Ave.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Greg Gamon		Director Name Don Richter			
Street Address 5 Swinburne Street		Street Address 21 Beach Ave.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 18 2015

BY 12759

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.

Dorothy S Strang

06/23/14

Signature of Officer or Authorized Representative

Date

Dorothy Strang

Print or Type Name of Officer or Authorized Representative