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.	2. Exact name of the Corporation
28380	Central Baptist Church in Jamestown
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode ISland	To conduct worship services

5. Principal office address	City	State	Zip
99 Narragansett Avenue (P.O. Box 295)	Jamestown	RI	02835

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

President Name	Street Address	City	State	Zip
Deborah Nordstrom	88 Southwest Ave.	Jamestown	RI	02835

Vice-President Name	Street Address	City	State	Zip
none				

Secretary Name	Street Address	City	State	Zip
Dorothy Strang	21 Riptide Street	Jamestown	RI	02835

Treasurer Name	Street Address	City	State	Zip
Tanya Crowley	99 Narragansett Ave.	Jamestown	RI	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	Street Address	City	State	Zip
Marilyn Dennis	37 Keel Avenue	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip
Todd Merrill	224 Conanicus Ave.	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip
Greg Gamon	5 Swinburne Street	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip
Don Richter	21 Beach Ave.	Jamestown	RI	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

Form No. 631
Revised: 04/2014

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