



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. 30069		2. Exact name of the Corporation Congdon Street Baptist Church	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A non-profit Baptist Church that provides religious services to the community	
5. Principal office address 17 Congdon Street		City Providence	State RI Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Dennis Price		Vice-President Name Alvin J. Green	
Street Address 38 Central Avenue		Street Address 243 Warner Brook Drive	
City East Providence	State RI Zip 02916	City Warwick	State RI Zip 02889
Secretary Name		Treasurer Name Antoinette M. Ferrara	
Street Address		Street Address 69 Home Avenue	
City	State RI Zip 02908	City Providence	State RI Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Dennis Price		Director Name Antoinette M. Ferrara	
Street Address 38 Central Avenue		Street Address 69 Home Avenue	
City East Providence	State RI Zip 02916	City Providence	State RI Zip 02908
Director Name Alvin J. Green		Director Name	
Street Address 243 Warner Brook Drive		Street Address	
City Warwick	State RI Zip 02889	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

File Date

JUN 08 2015

Check No

By:

BY

1440

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.

Antoinette M. Ferrara 4 June 2015
Signature of Officer or Authorized Representative Date

Antoinette M. Ferrara
Print or Type Name of Officer or Authorized Representative