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.	2. Exact name of the Corporation
30069	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	City	State	Zip
17 Congdon Street	Providence	RI	02906

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

President Name	Street Address	City	State	Zip
Dennis Price	38 Central Avenue	East Providence	RI	02916

Vice-President Name	Street Address	City	State	Zip
Alvin J. Green	243 Warner Brook Drive	Warwick	RI	02889

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
Antoinette M. Ferrara	69 Home Avenue	Providence	RI	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	Street Address	City	State	Zip
Dennis Price	38 Central Avenue	East Providence	RI	02916

Director Name	Street Address	City	State	Zip
Antoinette M. Ferrara	69 Home Avenue	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Alvin J. Green	243 Warner Brook Drive	Warwick	RI	02889

Director Name	Street Address	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

Form No. 631
Revised: 04/2014