



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. 27176		2. Exact name of the Corporation First Baptist Church at Cross' Mills			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island conduct worship services and usual community services			
5. Principal office address 4403 Old Post Rd.		City Charlestown		State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roy Rathbone		Vice-President Name Melissa Ayliffe			
Street Address 3700 Old Post Rd.		Street Address 241 Church St.			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02813
Secretary Name Linda Hansen		Treasurer Name Gayle Laurent-Reposa			
Street Address 12 Friar Tuck Lane		Street Address 100 Charlestown Beach Rd.			
City Coventry	State RI	Zip 02816	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William Pratt		Director Name Joanne Moffat			
Street Address 195 Twin Peninsula Rd.		Street Address 115 B Narragansett Trail			
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
Director Name Robert Fitzgerald		Director Name Nora Safford			
Street Address Narrow Lane		Street Address 59 Collins Rd.			
City Charlestown	State RI	Zip 02813	City Ashaway	State RI	Zip 02804
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

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.

Gayle A. Laurent-Reposa 5-26-15
Signature of Officer or Authorized Representative Date

Gayle A. Laurent-Reposa
Print or Type Name of Officer or Authorized Representative

FILED
JUN 10 2015
8911