State of Rhode Island and Providence Plantations - Domestic Non-Prof...



State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT

Non-Profit	Corporation
Annual Rei	port

Filing Period: June 1 - June 30

? Help with this form

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00

fee of \$25.00.					
ANNUAL REPO	RT YEAR: 2015				
1. Corporate ID No. 000027031					
2. Name of Cor	rporation THE BARRINGTO	ON BAPTIST CHURCH			
3. State of Inco	orporation				
State: RI					
4. Corporate Ac	ddress in Rhode Island				
No. and Street:	OLD COUNTY ROAD				
City or Town:	BARRINGTON	State: RI Zi	p: 02806	Country: USA	
5. Foreign Corp	poration. Enter Principal Offic	ce Address	ILED		
No. and Street:		-	2 2 2015		
City or Town:		<u>State:</u>	2ip: 18981	Country:	
6. Brief Descrip	ption of the Character of the	Affairs Which are Actually	y Conducted in	Rhode Island	
CHURCH N SPONSORED	MINISTRIES PLUS DAY CA BY THE BARRINGTON B	ARE PROGRAM, AND S APTIST CHURCH.	B WEEK DAY	CAMP EACH	
7. Names and	Addresses of the Officers an	d Directors:			
All officers a Incorporator	nd directors must be listed. I is no longer applicable; plea	f officers and/or directors se delete	s have been eled	cted, the title	
THE NUMBER OF	F DIRECTORS OF A DOMESTIC(RHOD	E ISLAND)CORPORATION SHALL	NOT BE LESS THA	N THREE(3). R.I.G.L.	

http://ucc.state.ri.us/FilingForms/0300004.asp?stage=DataInput#Indivi... State of Rhode Island and Providence Plantations - Domestic Non-Prof...

acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. By Signature of Authorized Person selecting/ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing ା Accept Decline Click HERE to Submit This Information Form No. 631 Revised 09/07 ? Help © 2007 - 2015 State of Rhode Island and Providence Plantations

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7-6-23

Delete	Title	Individual Name First, M iddle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
n	PRESIDENT	JOHN DONAHUE	2 SEFTON DRIVE CRANSTON, RI 02905 USA	
Ü	DIRECTOR	PASTOR KIM NELSON	282 WILSON AVENUE EAST PROVIDENCE, RI 02916 USA	
£3	Vice President	DAVID PARENTE	48 OLIVER ST N PROVIDENCE, RI 02904 USA	
<u> </u>	Treasurer	CINDY WEINREBE	13 LITTLE ST E PROVIDENCE, RI 02916 USA	
	Director	DENIS DIONNE	166 STANTON AVE E PROVIDENCE, RI 02915 USA	
9	Director	STAN CHAMBERLAIN	22 HERITAGE RD BARRINGTON, RI 02806 USA	
	Director	ROBERT SETTIPANE	7 WHITE AVE RIVERSIDE, RI 02915 USA	
D	Director	DAN HARRINGTON	17 ABBEY AVE WARWICK, RI 02888 USA	
23	Director	MICHAEL SKIBO	3 HUNT DRIVE BARRINGTON, RI 02806 USA	

Select From Below Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country: Clear

Add

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CINDY WEINREBE OLD COUNTY ROAD BARRINGTON, RI 02806

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

CINDY WEINREBE

Business Name: Barrington Baptist Church

No. and Street: OLD COUNTY ROAD

Principal Office

City or Town:

BARRINGTON

State: RI

Zip: 02806

Country: USA

Contact Phone: (401) 246-0188

ext: 102

Clear

Contact Email:

treasurer@bbcri.org

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 12 Day of June, 2015 at 1:03:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or