



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. 28817		2. Exact name of the Corporation Quidnick Baptist Society			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 484 Fairview Avenue		City Coventry		State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name None		Vice-President Name Richard Laprise (Elder)			
Street Address		Street Address PO Box 754 (1182 Putnam Pike)			
City	State	Zip	City	State	Zip
			Chepachet	RI	02814
Secretary Name Denise Laprise (Clerk)		Treasurer Name Melody Vieira			
Street Address PO Box 754 (1182 Putnam Pike)		Street Address 105 Wampanoag Trail			
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Riverside	RI	02915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard Laprise (Elder)		Director Name Steve Johnson			
Street Address PO Box 754 (1182 Putnam Pike)		Street Address 8 1/2 Snagwood Road			
City	State	Zip	City	State	Zip
Chepachet	RI	02814	Foster	RI	02825
Director Name Jacqueline Gorski		Director Name Michael Vieira			
Street Address 490 Fairview Avenue		Street Address 105 Wampanoag Trail			
City	State	Zip	City	State	Zip
Coventry	RI	02816	Riverside	RI	02915
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

BY 1159

FILED

JUN 29 2015

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.

Melody A. Vieira 6-23-15
Signature of Officer or Authorized Representative Date

Melody A. Vieira
Print or Type Name of Officer or Authorized Representative