

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

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000028352

2. Name of Corporation Memorial Baptist Church

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1140 RESERVOIR AVE.

C/O PEACOCK FINANCIAL GROUP LLC

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 340 CENTRAL AVE

City or Town: <u>SEEKONK</u> State: <u>MA</u> Zip: <u>02771</u> Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANKLIN D BRUCE	30 SPRUCE LANE ATTLEBORO, MA 02703 USA
TREASURER	STEPHEN GREENING	61 WELLS LANE ATTLEBRO , MA 02703 USA

CLERK	CINDY ROBERGE	170 OAKLAND AVE PAWTUCKET , RI 02861 USA
DIRECTOR	ARLENE E GAW	18 AUBIN ST SEEKONK, MA 02771 USA
DIRECTOR	BRUCE POTTER	94 FALES RD N. ATTLEBRO, MA 02760 USA
DIRECTOR	SUE SMITH	64 OAK HILL AVE SEEKONK , MA 02771 USA

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

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

Signed this 15 Day of July, 2015 at 11:14:51 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or 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 JOHN N PEACOCK JR

Signature of Authorized Person

Form No. 631 Revised 09/07

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