



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 MAY 25 PM 12:17

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
28063	GREATER RHODE ISLAND BAPTIST TEMPLE
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	CHURCH

5. Principal Office Address	City	State	Zip
671 GREENVILLE AVENUE	JOHNSTON	RI	02919

6. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name JEFF ANSBAUGH			Vice-President Name PAUL JOLICOEUR		
Street Address 42 GOLDEN VIEW DRIVE			Street Address 16 PARK LANE		
City JOHNSTON	State RI	Zip 02919	City NORTON	State MA	Zip 02766
Secretary Name LORI MONDI			Treasurer Name FRANK PACHECO		
Street Address 14 ALCAR DR.			Street Address 185 MOUNTAINDALE DR.		
City JOHNSTON	State RI	Zip 02919	City SMITHFIELD	State RI	Zip 02917

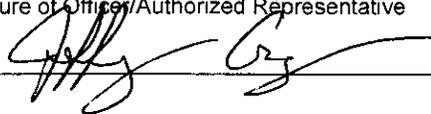
7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name RON WILLIAMS			Director Name LEO JONES		
Street Address 7 TALL OAKS CT.			Street Address 94 COWESETT AVE., APT 20		
City JOHNSTON	State RI	Zip 02919	City W. WARWICK	State RI	Zip 02893
Director Name STEVE UNHARES			Director Name LEONARD SONCRANT		
Street Address 1 GRANDVIEW AVE.			Street Address 5 CUTLER LANE		
City JOHNSTON	State RI	Zip 02919	City FOXBORO	State MA	Zip 02035

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

**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.**

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

Name of Officer/Authorized Representative JEFFREY ANSBAUGH	Date 5/25/16
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE	

FILED  
MAY 25 2016  
By C10261130  
A.A.