



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: 2016

1. Corporate ID No. 000117891

2. Name of Corporation SPIRITUAL ASSEMBLY OF THE BAHAI'S OF PROVIDENCE, RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 54 SUMMIT AVE

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

ESTABLISHMENT AND MAINTENANCE OF RELIGIOUS WORSHIP AND SPIRITUAL ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
SECRETARY	MARJORIE H SMITH	54 SUMMIT AVE PROVIDENCE, RI 02906 USA
CHAIRMAN	PAUL G SMITH	54 SUMMIT AVE

		PROVIDENCE, RI 02906 USA
TREASURER	CHRISTOPHER LAM	25 HOLDEN STREET, PO 2601 PROVIDENCE, RI 02908 US
DIRECTOR	JAMES EGAN	50 WHAT CHEER AVE APT 2 PROVIDENCE, RI 02909 USA
DIRECTOR	SANDRA EGAN	50 WHAT CHEER AVE APT 2 PROVIDENCE, RI 02909 USA
DIRECTOR	MOFFARAH FORSYTHE	59 ARLINGTON AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES FORSYTHE	59 ARLINGTON AVE PROVIDENCE, RI 02906 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**

JAMES P. EGAN 50 WHAT CHEER AVENUE #2 PROVIDENCE , RI 02909

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

Signed this 7 Day of June, 2016 at 5:41:20 PM 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 CHRISTOPHER LAM
Signature of Authorized Person

Form No. 631
Revised 09/07

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