



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

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: 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			
45908		Southeastern New England Baptist Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		An association of Baptist churches working together to preach the gospel of Jesus			
5. Principal Office Address		City	State	Zip	
765 Commonwealth Ave		Warwick	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary Whitney			Vice-President Name Joseph Hickey		
Street Address 221 Chapel Hill Rd.			Street Address 5B Havens Rd.		
City Oakdale	State CT	Zip 06370	City Westerly	State RI	Zip 02891
Secretary Name			Treasurer Name Dr. Rafael A. Hernandez		
Street Address			Street Address P.O. Box 164		
City	State	Zip	City Bradford	State RI	Zip 02808
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dr. Rafael A. Hernandez			Director Name Gary Whitney		
Street Address P.O. Box 164			Street Address 221 Chapel Hill Rd.		
City Bradford	State RI	Zip 02808	City Oakdale	State CT	Zip 06370
Director Name Joseph Hickey			Director Name		
Street Address 5B Havens Rd.			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Dr. Rafael A. Hernandez				Date 6/3/2016	
Signature of Officer/Authorized Representative <i>Rafael A. Hernandez</i>				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

By KL 13782