



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 2016

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.<br><b>000026964</b>  |                    | 2. Exact name of the Corporation<br><b>Babcock Presbyterian Church</b>                       |                                 |                    |                     |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Church</b> |                                 |                    |                     |
| 5. Principal office address<br><b>25 Maxson St.</b>   |                    | City<br><b>Ashaway</b>   |                                 | State<br><b>RI</b> | Zip<br><b>02804</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |                                 |                    |                     |
| President Name<br><b>Todd Haase</b>   |                    | Vice-President Name<br><b>Richard Lepikko</b>  |                                 |                    |                     |
| Street Address<br><b>130 Boom Bridge Rd.</b>  |                    | Street Address<br><b>44 Potter Hill Rd.</b>  |                                 |                    |                     |
| City<br><b>North Stonington</b>   | State<br><b>CT</b> | Zip<br><b>06359</b>  | City<br><b>Westerly</b>         | State<br><b>RI</b> | Zip<br><b>02804</b> |
| Secretary Name<br><b>Donna Litwin</b>   |                    | Treasurer Name<br><b>Jennifer Adams</b>  |                                 |                    |                     |
| Street Address<br><b>13 Park Place</b>  |                    | Street Address<br><b>411 Klondike Rd.</b>  |                                 |                    |                     |
| City<br><b>Ashaway</b>  | State<br><b>RI</b> | Zip<br><b>02804</b>  | City<br><b>Charlestown</b>      | State<br><b>RI</b> | Zip<br><b>02813</b> |
| 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<br><b>Erica O'Keefe</b>   |                    | Director Name<br><b>Phyllis Dillow</b>   |                                 |                    |                     |
| Street Address<br><b>8 Spruce Way</b>   |                    | Street Address<br><b>25 School St. Unit 55</b>   |                                 |                    |                     |
| City<br><b>Ashaway</b>  | State<br><b>RI</b> | Zip<br><b>02804</b>  | City<br><b>Westerly</b>         | State<br><b>RI</b> | Zip<br><b>02804</b> |
| Director Name<br><b>Chris Closterman</b>  |                    | Director Name<br><b>Raina Haase</b>  |                                 |                    |                     |
| Street Address<br><b>600 Main St.</b>   |                    | Street Address<br><b>130 Boom Bridge Rd.</b>   |                                 |                    |                     |
| City<br><b>Hopkinton</b>  | State<br><b>RI</b> | Zip<br><b>02833</b>  | City<br><b>North Stonington</b> | State<br><b>CT</b> | Zip<br><b>06359</b> |
| 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: \_\_\_\_\_

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**FILED**

JUN 15 2016

WMS DS

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.

*Donna Litwin* 6/13/16  
Signature of Officer or Authorized Representative Date

Donna Litwin

Print or Type Name of Officer or Authorized Representative