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.	2. Exact name of the Corporation
000026964	Babcock Presbyterian Church
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
25 Maxson St.	Ashaway	RI	02804

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Todd Haase	130 Boom Bridge Rd.	North Stonington	CT	06359
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Richard Lepikko	44 Potter Hill Rd.	Westerly	RI	02804
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Donna Litwin	13 Park Place	Ashaway	RI	02804
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Jennifer Adams	411 Klondike Rd.	Charlestown	RI	02813

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Erica O'Keefe	8 Spruce Way	Ashaway	RI	02804
Director Name	**Street Address**	**City**	**State**	**Zip**
Phyllis Dillow	25 School St. Unit 55	Westerly	RI	02804
Director Name	**Street Address**	**City**	**State**	**Zip**
Chris Closterman	600 Main St.	Hopkinton	RI	02833
Director Name	**Street Address**	**City**	**State**	**Zip**
Raina Haase	130 Boom Bridge Rd.	North Stonington	CT	06359

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 15 2016
BY

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

Form No. 631
Revised: 04/2014