



**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. 000048205

2. Name of Corporation American Baptist Churches of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O KEN MARROCCO
27 HOXI COURT

City or Town: COVENTRY State: RI Zip: 02816 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

TO ESTABLISH, MAINTAIN AND ASSIST BAPTIST CHURCHES IN THE STATE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEN MARROCCO	27 HOXI COURT COVENTRY, RI 02816 USA
TREASURER	ROBERT BUTIZER	30 CARR ST. COVENTRY, RI 02818 USA

VICE PRESIDENT	OLIVIER BALA	63 ELEVENTH STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN BELLISLE	80 KINGS GRANT RD SAUNDERSTOWN, RI 02874 USA
SECRETARY	THOMAS WILES	130 SETIAN LANE WEST WARWICK, RI 02893 USA
DIRECTOR	DEBORAH GUILMAIN	226 ADAMS STREET WARWICK, RI 02888 USA
DIRECTOR	JONATHAN MALONE	190 LUCAS ROAD EAST GREENWICH, RI 02818 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

REV. THOMAS WILES 54 EXETER ROAD P.O. BOX 330 EXETER , RI 02822

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

Signed this 27 Day of June, 2016 at 10:49:23 AM 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 THOMAS WILES
Signature of Authorized Person

Form No. 631
Revised 09/07

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