



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

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29028		2. Exact name of the Corporation CHURCH OF THE MASTER (BAPTIST)					
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island NORMAL ACTIVITIES OF A CHRISTIAN CHURCH					
5. Principal Office Address 15 VALLEY STREET (PO BOX 3402)				City PROVIDENCE		State RI	Zip 02909-0402
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Mario Prata				Vice-President Name Thomas Kennedy			
Street Address 60 Franklin Road				Street Address 10 Evergreen Parkway			
City Foster		State RI	Zip 02825	City North Providence		State RI	Zip 02904
Secretary Name Iris M. Nicoll				Treasurer Name Mario Prata			
Street Address 156 Ophelia Street				Street Address 60 Franklin Road			
City Providence		State RI	Zip 02909	City Foster		State RI	Zip 02825
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 Joyce Kennedy				Director Name Iris M. Nicoll			
Street Address 10 Evergreen Parkway				Street Address 156 Ophelia Street			
City North Providence		State RI	Zip 02904	City Providence		State RI	Zip 02909
Director Name Thomas Kennedy				Director Name			
Street Address 10 Evergreen Parkway				Street Address			
City North Providence		State RI	Zip 02904	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.							
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>							
Name of Officer/Authorized Representative Iris M. Nicoll, Secretary						Date 06/16/2016	
Signature of Officer/Authorized Representative <i>Iris M. Nicoll</i>							

FILED

JUN 30 2016

BY

9087
A.A.

MAIL TO:
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 Website: www.sos.ri.gov