



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

**FILED**

JUN 30 2016

BY

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*A.A.*

**MAIL TO:**  
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