



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

**Annual Report for the year  
 Non-Profit Corporation**

2016

**FILED**  
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- 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>133086</b>		2. Exact name of the Corporation <b>FIRST BAPTIST Church of West Warwick</b>	
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Church, Preach The word of God</b>	
5. Principal Office Address <b>1613 Main Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>STEVE CAVER</b>		Vice-President Name <b>NONE</b>	
Street Address <b>11 HANDCOCK DRIVE</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name <b>Joan Lamont</b>		Treasurer Name <b>LYNDA HAWKINS</b>	
Street Address <b>57 EAST SHORE DRIVE</b>		Street Address <b>226 PLAIN MEETING HOUSE RD</b>	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>FRED HERCHUK, DEACON</b>		Director Name <b>JAY NOYES, DEACON</b>	
Street Address <b>80 PANTO RD</b>		Street Address <b>FISH HILL RD</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
Director Name <b>Vivean Peasley, Deacon</b>		Director Name	
Street Address <b>P.O. BOX 844</b>		Street Address	
City <b>COVENTRY, RI</b>	State <b>RI</b>	Zip <b>02816</b>	
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>LYNDA HAWKINS</b>		Date <b>7/3/16</b>	
Signature of Officer/Authorized Representative <i>Lynda Hawkins</i>		SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
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