RI SOS Filing Number: 201601959870 Date: 07/13/2016 4:00 PM

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	2. Exact name of the Corporation
28695	Chepachet Free Will Baptist Church Society
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Religious – is a church

5. Principal Office Address	City	State	Zip
1213 Putnam Pike, P.O. Box 148	Chepachet	RI	02814

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Clifford W. Brown, Jr.	
Street Address: 180 Brown Street	Street Address
City: Providence State: RI Zip: 02906	City State Zip
Secretary Name: Elsie Magowan	Treasurer Name: Lois Boire
Street Address: 1201 Hartford Pike	Street Address: John Steere Rd - P.O. Box 11
City: No. Scituate State: RI Zip: 02857	City: Chepachet State: RI Zip: 02814

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Clifford W. Brown, Jr.	Margaret INMAN
Street Address: 180 Brown St	Street Address: The Courtyard 715 Putnam Pike Apt 209 Village at Waterman Lake
City: Providence State: RI Zip: 02906	City: Greenville State: RI Zip: 02828
Director Name: Tim Reiner	Director Name
Street Address: 106 Douglas Hook Rd	Street Address
City: Chepachet State: RI Zip: 02814	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.

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

Name of Officer/Authorized Representative	Date
Clifford W. Brown, Jr.	6/16/16

Signature of Officer/Authorized Representative: Clifford W. Brown, Jr. SIGN DOCUMENT HERE

FILED

JUL 13 2016

BY BL 4965

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

130719-2-1141642

FORM 631 - Revised: 05/2016