



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.** 000027184

**2. Name of Corporation** First Baptist Church in Hope Valley

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1059 MAIN STREET

P.O. BOX 326

City or Town: HOPE VALLEY

State: RI

Zip: 02832

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**

RELIGIOUS WORSHIP AND CHRISTIAN MINISTRIES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MICHELLE DAIR	10 CHAMPLIN DRIVE WESTERLY, RI 02891 USA
TREASURER	STEPHANIE DAPONTE	9 MAPLE ST HOPE VALLEY, RI 02832 US

VICE PRESIDENT	ROBERT ROELVELD	961 MAIN ST HOPE VALLEY, RI 02832 US
CLERK	JOHN MULLIGAN	41 HIGHVIEW AVE HOPE VALLEY, RI 02832 US
DIRECTOR	LOREN ANDREWS	345 WOODY HILL RD EXETER, RI 02822 US
DIRECTOR	SUSAN ANDREWS	345 WOODY HILL RD EXETER, RI 02822 US
DIRECTOR	BRUCE WILCOX	243 FENNER HILL RD HOPE VALLEY, RI 02832 US

**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**

GAYLE A. ASHWORTH 1059 MAIN STREET HOPE VALLEY , RI 02832

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

**Signed this 17 Day of July, 2016 at 11:08:43 PM 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 JOHN MULLIGAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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