



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

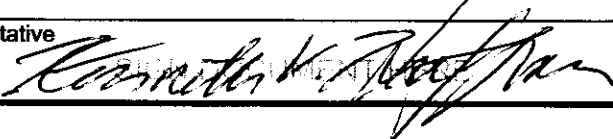
Annual Report for the year: 2016

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 70626		2. Exact name of the Corporation Summit Baptist Church, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal Office Address 1176 Victory Highway		City Greene	State RI	Zip 02827	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Ferragamo			Vice-President Name		
Street Address 545 Franklin Rd			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Joan Rebello			Treasurer Name Kenneth Huffman		
Street Address 6101 Post Rd Lot# 80			Street Address 175 Provident Place Rd		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
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 David Sheldon			Director Name Sue Rush		
Street Address 762 Victory Highway			Street Address 284 Christian Hill Rd		
City Greene	State RI	Zip 02827	City Brooklyn	State CT	Zip 06234
Director Name Sharon St Martin			Director Name Cheryl LeClair		
Street Address 4090 Flat River Rd			Street Address 658 Weaver Hill Rd		
City Coventry	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
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.					
<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 Kenneth Huffman				Date July 15 2016	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 20 2016

BY 10372

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FORM 631 Revised: 05/2016