RI SOS Filing Number: 201609887210 Date: 10/05/2016 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
000137852	Wakefield Baptist Church
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: To introduce Jesus Christ to those who do not Know and love Him.

5. Principal Office Address	City	State	Zip
236 Main St.	Wakefield	RI	02879

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

President Name: Catherine W. Holloway			Vice-President Name: None		
Street Address: 1217 Shannock Rd.			Street Address: None		
City: Charlestown	State: RI	Zip: 02813	City: None	State:	Zip:
Secretary Name: Julie Wardwell			Treasurer Name: Jill McGuire		
Street Address: 78 Roxanna Lane			Street Address: 101 Winchester Drive		
City: Kingston	State: RI	Zip: 02881	City: Wakefield	State: RI	Zip: 02879

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

Director Name: J. Whitney Bancroft			Director Name: Diane Paulhus		
Street Address: 51 Mellbridge Dr.			Street Address: 8B North Castle Way		
City: Wakefield	State: RI	Zip: 02879	City: Charlestown	State: RI	Zip: 02813
Director Name: Heidi Travers-Corbett			Director Name: None		
Street Address: 93 Secluded Dr.			Street Address:		
City: Narragansett	State: RI	Zip: 02882	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
Catherine W. Holloway	9/18/2016

Signature of Officer/Authorized Representative: Catherine W. Holloway

FILED

OCT 05 2016

By 10990 A.A.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
139547-1-1147936

FORM 631 - Revised: 05/2016