



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 26202		2. Exact name of the Corporation Lakewood Baptist Church	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Conducting Religious Services and Religious Education	
5. Principal Office Address 255 Atlantic Ave.		City Warwick	State RI
		Zip 02888	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Janice Cobb (Moderator)		Vice-President Name Brian Cobb (Assistant Moderator)	
Street Address 166 Puritan Dr.		Street Address 52 Larkin Ave.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02889	
Secretary Name Cecily Douthit		Treasurer Name Lincoln Smith, Jr.	
Street Address 336 Red Chimney Dr.		Street Address 175 Adams St.	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02888	
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 Janice Cobb (Moderator)		Director Name Brian Cobb (Assistant Moderator)	
Street Address 166 Puritan Dr.		Street Address 52 Larkin Ave.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02889	
Director Name Cecily Douthit		Director Name Lincoln Smith, Jr.	
Street Address 336 Red Chimney Dr.		Street Address 175 Adams St.	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02888	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Lincoln Smith, Jr. - Treasurer		Date 12/27/16	
Signature of Officer/Authorized Representative <i>Lincoln Smith, Jr.</i>		SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 19 2017

BY

Form 331 - Revised: 05/2016