



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 29856	2. Exact name of the Corporation Historic Baptist Church, North Kingstown, Rhode Island
3. State of Incorporation R.I.	4. Brief description of the character of business conducted in Rhode Island Religious services

5. Principal Office Address 220 West main St.	City N. Kingstown	State RI	Zip 02852
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NASH S. DESENT			Vice-President Name Michael Carrier		
Street Address 220 West main St			Street Address 1735 Main St.		
City N. Kingstown	State RI	Zip 02852	City W. Warwick	State RI	Zip 02893
Secretary Name Suzanne C. DESENT			Treasurer Name OBADIAH DESENT		
Street Address 220 West main St.			Street Address 8 Bluff Ave.		
City N. Kingstown	State RI	Zip 02852	City WARWICK	State RI	Zip 02889

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 Nash S. DESENT			Director Name Michael Carrier		
Street Address 220 West main St.			Street Address 1735 MAIN ST.		
City N. Kingstown	State RI	Zip 02852	City W. Warwick	State RI	Zip 02893
Director Name OBADIAH DESENT			Director Name OBADIAH DESENT		
Street Address 8 Bluff Ave.			Street Address 8 BLUFF AVE.		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889

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 SUZANNE C. Desent	Date 04/14/2017
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Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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