



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

Annual Report for the year:
Non-Profit Corporation

2016

- 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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BUS SVCS DIV

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1. Entity ID Number 29856		2. Exact name of the Corporation Historic Baptist Church <i>North Kingstown Rhode Island</i>	
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 W. Kingstown	State RI
		Zip 02852	
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 W. Kingstown	State RI	City W. Warwick	State RI
Zip 02852		Zip 02893	
Secretary Name Suzanne DESENT		Treasurer Name OBADIAH DESENT	
Street Address 220 West Main St		Street Address 8 Bluff Ave	
City W. Kingstown	State RI	City Warwick	State RI
Zip 02852		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 W. Kingstown	State RI	City W. WARWICK	State RI
Zip 02852		Zip 02893	
Director Name OBADIAH DESENT		Director Name OBADIAH DESENT	
Street Address 8 Bluff Ave		Street Address 8 Bluff Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02889		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	
Signature of Officer/Authorized Representative <i>Suzanne C. Desent</i>		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

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