



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <b>29856</b>		2. Exact name of the Corporation <b>Historic Baptist Church</b> <i>North Kingstown Rhode Island</i>			
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Religious Services</b>			
5. Principal Office Address <b>220 West Main St.</b>		City <b>W. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nash S. DESENT</b>		Vice-President Name <b>Michael Carrier</b>			
Street Address <b>220 West Main St.</b>		Street Address <b>1735 MAIN ST.</b>			
City <b>W. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>W. Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Suzanne DESENT</b>		Treasurer Name <b>OBADIAH DESENT</b>			
Street Address <b>220 West Main St</b>		Street Address <b>8 Bluff Ave</b>			
City <b>W. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Nash S. Desent</b>		Director Name <b>Michael Carrier</b>			
Street Address <b>220 WEST MAIN ST.</b>		Street Address <b>1735 MAIN ST</b>			
City <b>W. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>W. WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>OBADIAH DESENT</b>		Director Name <b>OBADIAH DESENT</b>			
Street Address <b>8 Bluff Ave</b>		Street Address <b>8 Bluff Ave</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Suzanne C. DESENT</b>				Date <b>04/14/2017</b>	
Signature of Officer/Authorized Representative <i>Suzanne C. Desent</i>				<b>FILED</b>	

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BY Le 301437