RI SOS Filing Number: 201745827000 Date: 6/19/2017 4:00:00 PM

Annual Report for the year:	2017						
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						
140973	The first Baptist Church in the town of Bristol						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious Organisation-Church						
4. NAICS Code							
813110							
6. Principal Office Address			City	State	Zip		
P. O. Box 402			Bristol	R.I.	02809		
7. List ALL officers (names and add	Iresses)			Check the box to indicate	e an attachment		
President Name Patricia O. Sanfo	rd		Vice-President Name Bonnie Howland				
Street Address 868 Hope Street			Street Address 7 Greg Drive				
<sup>City</sup> Bristol	State R.I.	Zip 02809	<sup>City</sup> Warren	State R.I.	<sup>Zip</sup> 02885		
Secretary Name Christopher A. Goodrich			Treasurer Name Leonard P. Sanford III				
Street Address 25 Andrews Court			Street Address 868 Hope Street				
				State R.I.			

				<u> </u>		
8. List ALL directors (name	es and addresses). RI C	orporations MUST	list at least THREE directors	s. Check the box to indic	cate an attachment	
Director Name Alan Pires			Director Name Robert Desmaris			
Street Address 19 Paine	Avenue		Street Address 67 Fox Hill Avenue			
City Bristol	State R.I.	<sup>Zip</sup> 02809	City Bristol	State R.I.	<sup>Zip</sup> 02809	
Director Name Alexander Duarte			Director Name Rachel McGuire			
Street Address 22 Waverly Road			Street Address 26 San Miguel Drive			
City Riverside	State R. I.	Zip 02809	City Bristol	State R.I.	<sup>Zip</sup> 02809	

9. 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 The unit, and Authorized Representative. Receiver or Trustee.

Name of Officer/Authorized Representative

Leonard P. Sanford III Treasurer

MAIL TO:

JUN 1 9 2017 OV

Date

June 7th, 2017

Signature of Officer/Authorized Representative

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