RI SOS Filing Number: 201745827190 Date: 6/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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
28817	**Quidnick Baptist Society**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Religious**
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
484 Fairview Avenue	**Coventry**	**RI**	**02816**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **None**			Vice-President Name **Richard Laprise (Elder)**		
Street Address			Street Address **PO Box 754 (1182 Putnam Pike)**		
City	State	Zip	City **Chepachet**	State **RI**	Zip **02814**
Secretary Name **Denise Laprise (Clerk)**			Treasurer Name **Melody Vieira**		
Street Address **PO Box 754 (1182 Putnam Pike)**			Street Address **105 Wampanoag Trail**		
City **Chepachet**	State **RI**	Zip **02814**	City **Riverside**	State **RI**	Zip **02915**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Richard Laprise (Elder)**			Director Name **Steve Johnson**		
Street Address **PO Box 754 (1182 Putnam Pike)**			Street Address **8 1/2 Snagwood Road**		
City **Chepachet**	State **RI**	Zip **02814**	City **Foster**	State **RI**	Zip **02825**
Director Name **Jacqueline Gorski**			Director Name **Michael Vieira**		
Street Address **490 Fairview Avenue**			Street Address **105 Wampanoag Trail**		
City **Coventry**	State **RI**	Zip **02816**	City **Riverside**	State **RI**	Zip **02915**

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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Melody Vieira	**6/13/2017**

Signature of Officer/Authorized Representative: Melody Vieira

FILED

JUN 19 2017

BY 11743

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017