



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27179		2. Exact name of the Corporation FIRST BAPTIST CHURCH IN EAST PROVIDENCE			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island WORSHIP AND RELIGIOUS INSTRUCTION			
5. Principal office address 1400 PAWTUCKET AVENUE		City RUMFORD	State RI	Zip 02916	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ERNEST ROBILLARD			Vice-President Name DEBORAH CIPALONE		
Street Address 76 WEST ALLENTON ROAD			Street Address 7 GREENE STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JUDITH BENSON			Treasurer Name TINA HAGMAN		
Street Address 17 SOMERSET AVENUE			Street Address 201 ROCKY HILL ROAD		
City RIVERSIDE	State RO	Zip 02915	City REHOBOTH	State MA	Zip 02769
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KATHERINE HAGMAN			Director Name ROBERT TEWKSBURY		
Street Address 23 VALLEY STREET			Street Address 69 HOPE STREET		
City SEEKONK	State MA	Zip 02771	City RUMFORD	State RI	Zip 02916
Director Name RONALD RAWLINSON			Director Name BARBARA TEWKSBURY		
Street Address 157 VINCENT AVENUE			Street Address 69 HOPE STREET		
City EAST PROVIDENCE	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2017

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.

Judith Benson
 Signature of Officer or Authorized Representative Date *June 21, 2017*

JUDITH BENSON

Print or Type Name of Officer or Authorized Representative

BY *Ch 306482*