



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 130173 | | 2. Exact name of the Corporation Narragansett Bay Baptist Church | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Baptist Church | | | |
| 4. NAICS Code 813110-Religious Org. | | | | | |
| 6. Principal Office Address 1642 West Shore Road | | | City Warwick | State RI | Zip 02889 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Michael Foster | | | Vice-President Name Clinton Smith, Jr. | | |
| Street Address 36 White Oak Drive | | | Street Address 59 Oak Tree Drive | | |
| City Wyoming | State RI | Zip 02898 | City No. Kingstown | State RI | Zip 02852 |
| Secretary Name Shannon Foster | | | Treasurer Name Don Hawes | | |
| Street Address 36 White Oak Drive | | | Street Address 40 Rye Street | | |
| City Wyoming | State RI | Zip 02898 | City Providence | State RI | Zip 02909 |
| 8. 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 David Pontes | | | Director Name Patrick Garant | | |
| Street Address 125 Greylawn Avenue | | | Street Address 18 Grace Avenue | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| Director Name Richard DeLuca | | | Director Name Richard Wegrzyn | | |
| Street Address 108 Wilson Avenue | | | Street Address 62 Union Avenue | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Clinton E Smith Jr. | | | | | Date 6-24-17 |
| Signature of Officer/Authorized Representative <i>Clinton E Smith Jr.</i> | | | | | |

FILED
 JUN 28 2017
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