



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 # 216202		2. Exact name of the Corporation Lakewood Baptist Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Conducting Religious Services and Religious Education	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 255 Atlantic Ave.		City Warwick	State RI
		Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Randy Dittmar (Moderator)		Vice-President Name Janice Cobb (Assistant Moderator)	
Street Address 174 Madison St.		Street Address 166 Puritan Dr.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Cecily Douthit		Treasurer Name Lincoln Smith, Jr.	
Street Address 336 Red Chimney Dr.		Street Address 175 Adams St.	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02888	
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 Randy Dittmar (Moderator)		Director Name Janice Cobb (Assistant Moderator)	
Street Address 74 Madison St.		Street Address 166 Puritan Dr.	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Director Name Cecily Douthit		Director Name Lincoln Smith, Jr.	
Street Address 336 Red Chimney Dr.		Street Address 175 Adams St.	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02888	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Lincoln Smith, Jr. - Treasurer			Date 6/24/17
Signature of Officer/Authorized Representative <i>Lincoln Smith, Jr.</i>			

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

FILED

JUN 28 2017

BY

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FORM 631 - Revised: 06/2017