



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 <u>45908</u>		2. Exact name of the Corporation <u>Southeastern NE Baptist Association</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>An association of Baptist churches working together to preach the gospel of Jesus Christ.</u>			
4. NAICS Code <u>813310</u>					
6. Principal Office Address <u>80 Atton Bradford Rd</u>		City <u>Bradford</u>	State <u>RI</u>	Zip <u>02808</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Gary Whitney</u>			Vice-President Name		
Street Address <u>221 Chapel Hill Rd</u>			Street Address		
City <u>Dakdale</u>	State <u>CT</u>	Zip <u>06370</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>Gary Whitney</u>			Director Name <u>Matt Henderson</u>		
Street Address <u>221 Chapel Hill Rd</u>			Street Address <u>P.O. Box 1047</u>		
City <u>Dakdale</u>	State <u>CT</u>	Zip <u>06370</u>	City <u>Kingston</u>	State <u>RI</u>	Zip <u>02881</u>
Director Name <u>Brian Keldoan</u>			Director Name		
Street Address <u>195 Route 6</u>			Street Address		
City <u>Columbia</u>	State <u>CT</u>	Zip <u>06237</u>	City	State	Zip
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 <u>Helen Vaughn</u>					Date <u>6/27/17</u>
Signature of Officer/Authorized Representative <u>Helen Vaughn</u>					

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 30 2017
 BY 13922