



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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

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

FORM 631 - Revised: 06/2017