



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

File copy
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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. 2992		2. Exact name of the Corporation Tabernacle Baptist Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church 23e220			
5. Principal office address 182 Seven Mile Road		City Hope		State RI	Zip 02831
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Merceir			Vice-President Name Natalie Neilson		
Street Address 182 Seven Mile Road			Street Address 63 Cedar Street		
City Hope	State RI	Zip 02831	City Coventry	State RI	Zip 02816
Secretary Name Marian Elliott			Treasurer Name Lisa Corley Grudian		
Street Address 63 Cedar Street			Street Address 74 Houston Drive		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
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 Martha Asermely			Director Name Lori Pimentel		
Street Address 91 Jackson Flat Road			Street Address 275 Main St		
City Hope	State RI	Zip 02831	City Fiskeville	State RI	Zip 02823
Director Name Steven Klein			Director Name		
Street Address 70 Hope Road			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
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

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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.

Lori Pimentel

Signature of Officer or Authorized Representative

12/12/2017

Date

Lori Pimentel

Print or Type Name of Officer or Authorized Representative