



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 07 2018

BY

889 *JA*

1. Entity ID Number 117556		2. Exact name of the Corporation Garden City Baptist Church INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island - To be a dynamic Spiritual body empowered by the Holy Spirit to share Jesus Christ with as many people as possible in our Church community and world.	
4. NAICS Code 813110			
6. Principal Office Address 227 Ballouville Rd		City Dayville	State CT
		Zip 06241	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev Frank Iafrate		Vice-President Name NONE	
Street Address 227 Ballouville Rd		Street Address	
City Dayville	State CT	City	State
Zip 06241		Zip	
Secretary Name Elizabeth J Iafrate		Treasurer Name Elizabeth J. Iafrate	
Street Address 227 Ballouville Rd		Street Address 227 Ballouville Rd	
City Dayville	State CT	City Dayville	State CT
Zip 06241		Zip 06241	
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 Earle F. Perry		Director Name Rev Frank Iafrate	
Street Address 944 Reyholds Rd LOT 18		Street Address 227 Ballouville Rd	
City Lake land	State FL	City Dayville	State CT
Zip 33501		Zip 06241	
Director Name Ronald W. Corsi		Director Name	
Street Address 126 Bracken Street		Street Address	
City Cranston	State RI	City	State
Zip 02920		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 Rev Frank Iafrate		Date 6/3/18	
Signature of Officer/Authorized Representative <i>Rev Frank Iafrate</i>		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov