



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 <u>117556</u>	2. Exact name of the Corporation <u>Garden City Baptist Church INC</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island - <u>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.</u>
4. NAICS Code <u>813110</u>	

6. Principal Office Address <u>227 Ballouville Rd</u>	City <u>Dayville</u>	State <u>CT</u>	Zip <u>06241</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Rev Frank Iafrate</u>			Vice-President Name <u>NONE</u>		
Street Address <u>227 Ballouville Rd</u>			Street Address		
City <u>Dayville</u>	State <u>CT</u>	Zip <u>06241</u>	City	State	Zip
Secretary Name <u>Elizabeth J Iafrate</u>			Treasurer Name <u>Elizabeth J. Iafrate</u>		
Street Address <u>227 Ballouville Rd</u>			Street Address <u>227 Ballouville Rd</u>		
City <u>Dayville</u>	State <u>CT</u>	Zip <u>06241</u>	City <u>Dayville</u>	State <u>CT</u>	Zip <u>06241</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Earle F. Perry</u>			Director Name <u>Rev Frank Iafrate</u>		
Street Address <u>944 Reyholds Rd LOT 18</u>			Street Address <u>227 Ballouville Rd</u>		
City <u>Lake land</u>	State <u>FL</u>	Zip <u>33501</u>	City <u>Dayville</u>	State <u>CT</u>	Zip <u>06241</u>
Director Name <u>Ronald W. Corsi</u>			Director Name		
Street Address <u>126 Bracken Street</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</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>Rev Frank Iafrate</u>	Date <u>6/3/18</u>
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Signature of Officer/Authorized Representative
Rev Frank Iafrate SIGN DOCUMENT HERE