



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

Annual Report for the year: **2018**  
 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 <b>000027537</b>		2. Exact name of the Corporation <b>FRENCHTOWN BAPTIST CHURCH</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH ASSEMBLY</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>1359 FRENCHTOWN RD</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>RANDALL CURTIS</b>		Vice-President Name <b>DANIEL BLYCKER</b>	
Street Address <b>680 STONY LANE</b>		Street Address <b>12 MAWNEY ST</b>	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02818</b>	
Secretary Name <b>SUSAN WRAY</b>		Treasurer Name <b>DANIEL BLYCKER</b>	
Street Address <b>102 VALLEY RD</b>		Street Address <b>12 MAWNEY ST</b>	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
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 <b>DANIEL BLYCKER</b>		Director Name <b>ROBERT SHERWOOD</b>	
Street Address <b>12 MAWNEY ST</b>		Street Address <b>144 SCHOOL ST</b>	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02882</b>	
Director Name <b>STEVEN ALEAND</b>		Director Name <b>SUSAN WRAY</b>	
Street Address <b>64 GREENWOOD RD</b>		Street Address <b>102 VALLEY RD</b>	
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02818</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>SUSAN WRAY, SECRETARY</b>			Date <b>06.11.18</b>
Signature of Officer/Authorized Representative <i>Susan E Wray</i>			SIGN DOCUMENT HERE

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 18 2018**

FORM 631 - Revised: 11/2017

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