



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 000027537		2. Exact name of the Corporation FRENCHTOWN BAPTIST CHURCH	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH ASSEMBLY	
4. NAICS Code 813110			
6. Principal Office Address 1359 FRENCHTOWN RD		City EAST GREENWICH	State RI
		Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RANDALL CURTIS		Vice-President Name DANIEL BLYCKER	
Street Address 680 STONY LANE		Street Address 12 MAWNEY ST	
City NORTH KINGSTOWN	State RI	City EAST GREENWICH	State RI
Zip 02882		Zip 02818	
Secretary Name SUSAN WRAY		Treasurer Name DANIEL BLYCKER	
Street Address 102 VALLEY RD		Street Address 12 MAWNEY ST	
City EAST GREENWICH	State RI	City EAST GREENWICH	State RI
Zip 02818		Zip 02818	
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 DANIEL BLYCKER		Director Name ROBERT SHERWOOD	
Street Address 12 MAWNEY ST		Street Address 144 SCHOOL ST	
City EAST GREENWICH	State RI	City NORTH KINGSTOWN	State RI
Zip 02818		Zip 02882	
Director Name STEVEN ALEAND		Director Name SUSAN WRAY	
Street Address 64 GREENWOOD RD		Street Address 102 VALLEY RD	
City NORTH KINGSTOWN	State RI	City EAST GREENWICH	State RI
Zip 02882		Zip 02818	
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.			
<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 SUSAN WRAY, SECRETARY			Date 06.11.18
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

BY 5900 DS