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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Corporation		****	,	
000126781	FIRST BapTist (Church of Woons	socket R	hode Island	
3. State of Incorporation	5. Brief description of the character	r of business conducted in Rhode Isl	and ,	-	
Rhode Island	Religeous Worship Christian Ministry				
4. NAICS Code 8/3//0	Services and outreach.				
QUILLED	January Ses	SS1017 1833			
6. Principal Office Address	_	City	State	Zip	
383 Arnold ST	treet PoBoX 3553	Woonsocket	RI	02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Dealon Jo-Ann R. Buteau		Sis, Christine L. B. Parker			
Street Address 383 ARNO/d	street	Street Address . 22 First A Venu	le, 15T	Floor	
Woonsocket	State RI Zip 02895	City WOONSOCKet	State RI	2ip 2895	
Secretary Name LY 01 QJ. CRO TE	au	Treasurer Name Deaconess Denis	_		
Street Address Dond STreeT		Street Address 525 Second AVEDUR, APT. 104			
Woonsocket	State RI Zip 2895	WOOD SOCKET	State	202895	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Rev. DR. Dorian Parker		Director Name Rev. DR. James D. Curran			
Street Address . 22 FIRST A Ven	. + 11	Street Address 300 PRI VILLAGE S	Street A	PT. 201	
Woonsocket	State RI Zio 2895	Woonsoeket	State RI	Zip 2895	
Director Name Deacon Jo-Ann	o o	Director Name			
Street Address 210 Newland Avenue		Street Address			
Woonsocket	State R. T. State	City	State	Zip	
77.75 - 77.		in the Department of State. Changes req	uire 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 Date					
Deacon Jo-AAN R. Buteau			5/29	12018	
Signature of Officer/Authorized Representative					
Western So ann R. Betteau					
MAIL TO: (/		· · · · · · · · · · · · · · · · · · ·			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov UUN 18 2018

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