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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual Report for the year: | 2018 |
|-----------------------------|------|
| Non-Profit Corporation | 2010 |

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

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|--|---|---|-------------------------|--------------|
| 1. Entity ID Number | 2. Exact name of the Corporation | | | , |
| 000126781 | FIRST BapTist (| Church of Woons | ocket R | hode Island |
| 3. State of Incorporation | 5. Brief description of the character | r of business conducted in Rhode Isla | and | |
| Rhode Island | Religeous Worship Christian Ministry | | | |
| 4. NAICS Code 8/3//0 | Services And | outreach. | | |
| QQQQQQ | 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 add | fresses) | | ck the box to indicat | <u></u> |
| President Name Dealon Jo-Ani | n R. Buteau | Vice-President Name SIS, Christine L. | .B. Parl | ker |
| Street Address 383 ARNO/d | | Street Address . 22 First A Venu | ie, 15T) | Floor |
| Woonsocket | State RI Zip 02895 | WOODSOCKOT | State RI | Zip 02895 |
| Secretary Name L. Y. A.I. A. J. C.R.O. T.E. | au | Treasurer Name Deaconess Denis | _ | |
| Street Address A STree | | Street Address 525 Second, AV | | |
| Woonsocket | State R I Zip 2895 | WOOD SOCKET | State | 202895 |
| 8. List ALL directors (names and ad | ddresses). RI Corporations MUST lis | t at least THREE directors. | ck the box to indicat | |
| Director Name / | - O 142 | Director Name | | • |
| Rev. DR. Doria | n Parker | Rev. DR. James | D. Cu | cran |
| Street Address 22 FIRST A Ven | ue., 1st Floor | Street Address | Street, A | PT. 201 |
| WoonSocket | State RI 202895 | Woodsocket | State RI | 02895 |
| Director Name DeaCON JO-Ann | R. Buteau | Director Name | | |
| Street Address 210 New Land 1 | Avenue | Street Address | | |
| Woonsocket | State RT Zip 2895 | City | State | Zip |
| 9. Registered Agent in Rhode Islan | d. This information is currently of record | in the Department of State. Changes requ | uire filing Form 641 | • |
| | re and affirm that I have examined nts contained herein are true and c | this report, including any accomp | anying schedule | es and |
| This report must be signed by either the Pres | sident, Vice-President, Secretary, Assistant Sec | cretary. Treasurer, duly Authonzed Representati | ive, Receiver or Truste | |
| Name of Officer/Authorized Repres | entative | | Date | |
| Deacon Jo-A | 7An K. Buteau | () | 5/29 | 12018 |
| Signature of Officer/Authorized Representative | | | | |
| Macon So ann X. Betteau | | | | |
| MAIL TO: | | FILED | | |

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

FORM 631 - Revised: 11/2017