



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 20 AM 9:52

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 27179		2. Exact name of the Corporation FIRST BAPTIST CHURCH IN EAST PROVIDENCE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island WORSHIP AND RELIGIOUS INSTRUCTION			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 1400 PAWTUCKET AVE		City RUMFORD	State RI	Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DEBORAH CIPALONE		Vice-President Name BARBARA TWEKSURY			
Street Address 7 GREENE STREET		Street Address 69 HOPE STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City RUMFORD	State RI	Zip 02916
Secretary Name JUDITH BENSON		Treasurer Name LOIS BAILEY			
Street Address 17 SOMERSET AVENUE		Street Address 367 PLEASANT STREET APT 2E			
City RIVERSIDE	State RI	Zip 02915	City RUMFORD	State RI	Zip 02916
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 DIANE NELSON		Director Name RUTH RIOS			
Street Address 169 ROGER WILLIAMS AVENUE		Street Address 33 MALLARD DRIVE			
City RUMFORD	State RI	Zip 02916	City SHARON	State MA	Zip 02067
Director Name ROBERT TEWKSBURY		Director Name			
Street Address 69 HOPE STREET		Street Address			
City RUMFORD	State RI	Zip 02916	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative JUDITH BENSON				Date 6/20/18	
Signature of Officer/Authorized Representative 				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

FORM 631 - Revised: 11/2017

JUN 20 2018

BY 333086