



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.

FILED
 JUN 25 2018
 BY 504 *[Signature]*

1. Entity ID Number 130173		2. Exact name of the Corporation Narragansett Bay Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Baptist Church			
4. NAICS Code 813212 - Voluntary Health O					
6. Principal Office Address 1642 West Shore Road			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Foster			Vice-President Name Clinton Smith, Jr.		
Street Address 36 White Oak Drive			Street Address 59 Oak Tree Drive		
City Wyoming	State RI	Zip 02898	City No. Kingstown	State RI	Zip 02852
Secretary Name Shannon Foster			Treasurer Name Don Hawes		
Street Address 36 White Oak Drive			Street Address 40 Rye Street		
City Wyoming	State RI	Zip 02898	City Providence	State RI	Zip 02909
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 David Pontes			Director Name Patrick Garant		
Street Address 125 Greylawn Avenue			Street Address 18 Grace Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Richard DeLuca			Director Name Richard Wegrzyn		
Street Address 108 Wilson Avenue			Street Address 62 Union Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Clinton Smith, Jr.				Date 6-20-18	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov