



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 <u>29460</u>		2. Exact name of the Corporation <u>Pawtuxet Baptist Church</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>Christian Ministry and Services of worship</u>			
6. Principal Office Address <u>2157 Broad Street</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>None</u>			Vice-President Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <u>Kathreen Lucero</u>			Treasurer Name <u>Deborah Boxser</u>		
Street Address <u>211 Bayview Ave</u>			Street Address <u>59 Gaspee Pt Dr</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>
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 <u>James Boxser</u>			Director Name <u>Ray Athaide</u>		
Street Address <u>59 Gaspee Pt Dr</u>			Street Address <u>6 Lane B Westwood Estates</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>Jeff Seamans</u>			Director Name <u>Jonathan Stevenson</u>		
Street Address <u>106 Verndale St</u>			Street Address <u>38 Arnold Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>
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 <u>Deborah Boxser</u>					Date <u>7-8-18</u>
Signature of Officer/Authorized Representative <u>Deborah Boxser</u>					

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

JUL 10 2018
 BY 13015 DS FORM 631 - Revised: 11/2017