RI SOS Filing Number: 201872497440 Date: 7/17/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year	ar	•	:
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∕Non-Profit	Corporation
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→ Filling period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

								
Entity ID Number	2. Exact name of the Corporation							
000031865	Woodlawn Baptist Church of auxilet EI							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RI	Church Services Sundayand							
4 NAICS Code	throughout of the weeks							
813110		our <i>o</i> .	t the	Weeks				
6. Principal Office Address		i	City		State	Zip		
337 Lonsa	dale Avenue		Pawi	ICKET	RI	02860		
7. List ALL officers (names and ad	dresses)				eck the box to indicat	e an attachment		
President Name Rev Larr	u Smith	. [٧	Vice-President Name Thomas Mahohey					
Street Address .	1 .	s	treet Address					
22 Mears	Lane		149	Grandu	riew Al	<u>le</u>		
22 Mears City Stoughton	State Zip O20	272	Lity Lir	ncoln	State Z	02865		
Secretary Name Carolyn	L. Profughi		reasurer Name (artin	Taskir	7		
Street Address 23 Randall St City State 70			Street Address 7 Timberland Drive					
CityGreenville	State Zip 028		ally Line		State Z			
8. List ALL directors (names and a				directors.				
Director Name /		To	irector Name (eck the box to indical	e an attachment L		
Director Name Cindy Pr Street Address	otughi- Murp	hy	•	Paul D.	'xon_			
Street Address 73 Centre	, S+	J s	treet Address 167 W	hittier i	Road			
Process Name	State RI 008	260	Pawin	cket	State Z	Zip 02861		
Director Name		0	irector Name	<u> </u>	1 / 2			
Street Address —	Morgan		treet Address					
204 Rus	sell Drive							
City Tiverton	State Zip 078)78 C	lity		State	Zip		
9. Registered Agent in Rhode Islai	<u> </u>	/	he Department o	of State. Changes re-	quire filing Form 641			
Under penalty of perjury, I decla statements, and that all stateme				uding any accom	panying schedul	es and		
This report must be signed by either the Pre				Authorized Representa	ative, Receiver or Truste	e e		
Name of Officer/Authorized Repre			<u> </u>		Date			
Carolyn L.	PROJUGH,	<i>;</i>	F	ILED	07-10-	2018		
Signature of Officer/Authorized Representative								
Carolyn L Profughi JUL 17 2018								
MAIL TO:	v 1		by !!	リスロスー	//			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov