



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 <b>29778</b>		2. Exact name of the Corporation <b>PHILLIPS MEMORIAL BAPTIST CHURCH</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>565 PONTIAC AVENUE</b>		City <b>CRASTON</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jean MANOCHIA</b>		Vice-President Name <b>ROY LACROIX</b>	
Street Address <b>70 MYSTERY FARM DR</b>		Street Address <b>116 HIGHLAND AVE</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02886</b>	
Secretary Name <b>Karen Petit</b>		Treasurer Name <b>GUENTHER DERMANELIAN</b>	
Street Address <b>20 Spruce Avenue</b>		Street Address <b>96 Shirley Blvd</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02911</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Jean MANOCHIA</b>		Director Name <b>ROY LACROIX</b>	
Street Address <b>70 MYSTERY FARM DR</b>		Street Address <b>116 HIGHLAND AVE</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02886</b>	
Director Name <b>Karen Petit</b>		Director Name <b>GUENTHER DERMANELIAN</b>	
Street Address <b>20 Spruce Ave</b>		Street Address <b>96 Shirley Blvd</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02911</b>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>GUENTHER DERMANELIAN</b>			Date
Signature of Officer/Authorized Representative <i>Guenter Dermanelian</i>			

## 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 24 2018

BY *[Signature]*

FORM 631 - Revised: 11/2017