



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>000027942</b>		2. Exact name of the Corporation <b>NORTH SCHUATE BAPTIST CHURCH</b> <i>Church of North Scituate</i>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH - BAPTIST</b> <i>Rhode Island</i>			
4. NAICS Code <b>813110</b>		<b>1834</b>			
6. Principal Office Address <b>619 W GRANVILLE RD</b>			City <b>NORTH SCHUATE</b>	State <b>RI</b>	Zip <b>02857</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>MR. BRUCE PIND</b>			Vice-President Name <b>EDIE CADY</b>		
Street Address <b>14 BARNUM LANE</b>			Street Address <b>226 GRANVILLE CHAPEL RD</b>		
City <b>JOHNSON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>NORTH SCHUATE</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>ALLISON THIENEL</b>			Treasurer Name <b>LINDA GIVNN</b>		
Street Address <b>P.O. BOX 427</b>			Street Address <b>103 FRANKLIN RD</b>		
City <b>NORTH SCHUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>FOSTER</b>	State <b>RI</b>	Zip <b>02825</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEVEN GIMARD</b>			Director Name <b>Allen Rasler</b>		
Street Address <b>663 DANIELSON PIKE</b>			Street Address <b>30 Douglas Hook Road</b>		
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>Kimberly Verrava</b>			Director Name		
Street Address <b>44 White Pine Drive</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	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.					
<b>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.</b>					
<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 <b>LINDA GIVNN</b>					Date <b>9-20-18</b>
Signature of Officer/Authorized Representative <i>[Signature]</i> <b>SIGN DOCUMENT FILED</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

OCT 05 2018  
 BY JOSE DS