



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29106		2. Exact name of the Corporation Pascag Community baptist Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious 813110			
5. Principal office address 111 Church St.		City Pascoag		State RI	Zip 02859
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Bryan K. Speroni, pastor			Vice-President Name Stephen Bailey, moderator		
Street Address 109 Church St.			Street Address 80 E. Wallum Lake Rd.		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Kathie Clemence, clerk			Treasurer Name Tamela Pierce		
Street Address 31 Paine Rd.			Street Address P. O. Box 45		
City Chepachet	State RI	Zip 02814	City Douglas	State MA	Zip 01516
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Mark Clemence, deacon			Director Name Roger LaCroix, deacon		
Street Address 31 Paine Rd.			Street Address 44 Erin Ln.		
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
Director Name Gerald Labbe, deacon			Director Name Steven Pierce, deacon		
Street Address 485 Cherry Farm Rd.			Street Address P. O. Box 45		
City Harrisville	State RI	Zip 02839	City Douglas	State MA	Zip 01516
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

MAY 13 2019

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 6685

DS

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.

Rev. Bryan K. Speroni 5/10/19
 Signature of Officer or Authorized Representative Date

Rev. Bryan K. Speroni
 Print or Type Name of Officer or Authorized Representative

Roger Nadeau
31 Tourtellot Hill Rd.
Chepachet, RI 02814

Thomas Trimble
26 Alice Ave.
Oakland, RI 02858

Royce Fitzgerald
143 Martin Rd.
Douglas, MA 01516

FILED

MAY 13 2019

BY

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