



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 000027942		2. Exact name of the Corporation THE NORTH SCITUATE BAPTIST CHURCH OF NORTH	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SCITUATE, RHODE ISLAND RELIGIOUS ORGANIZATION	
4. NAICS Code 813110			
6. Principal Office Address 619 WEST GREENVILLE ROAD		City NORTH SCITUATE	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name STEVEN GIRARD		Vice-President Name DR. WAYNE MULLOCHAN	
Street Address 18 S. WOODLAND ROAD		Street Address 180 OAKWOOD DRIVE	
City N. SCITUATE	State RI	City HOPE	State RI
Zip 02857		Zip 02831	
Secretary Name A. DIANNE MEDBURY		Treasurer Name LINDA GYNN	
Street Address 31 DEXTER RD		Street Address 103 FRANKLIN RD	
City N. SCITUATE	State RI	City FOSTER	State RI
Zip 02857		Zip 02857	
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 ERIK CADY		Director Name ETHAN PINO	
Street Address 6 APPLE HILL DRIVE		Street Address 14 BARDEN LANE	
City REHOBOTH	State MA	City JOHNSTON	State RI
Zip 02769		Zip 02919	
Director Name BETIE HORTON		Director Name	
Street Address 109 E. KILLINGLY RD		Street Address	
City FOSTER	State RI	City	State
Zip 02825		Zip	
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 A. DIANNE MEDBURY / SECRETARY			Date 5/15/2019
Signature of Officer/Authorized Representative A. Dianne Medbury			

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

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MAY 28 2019

FORM 631 - Revised: 03/2019

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