



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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.

FILED

JUN 24 2019 *JL*

RY 5294

1. Entity ID Number 000028225		2. Exact name of the Corporation The Norwood Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Baptist Church serving the Warwick area			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 68 Budlong Avenue			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert C. Nelson			Vice-President Name Craig Carpenter		
Street Address 268 Elm St			Street Address 29 South Pond Drive		
City Warwick	State RI	Zip 02888	City Coventry	State RI	Zip 02816
Secretary Name David E. Nelson			Treasurer Name <i>Susan</i> Sue D'Antuono		
Street Address 36 Seminole Trail			Street Address 15 Field Ct.		
City Cranston	State RI	Zip 02921	City N. Kingstown	State RI	Zip 02852
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 Robert C. Nelson			Director Name Craig Carpenter		
Street Address 268 Elm St.			Street Address 29 South Pond Drive		
City Warwick	State RI	Zip 02888	City Coventry	State RI	Zip 02816
Director Name <i>Susan</i> Sue D'Antuono			Director Name		
Street Address 15 Field Ct.			Street Address		
City N. Kingstown	State RI	Zip 02852	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.					
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.					
<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 Susan N. D'Antuono					Date 6/20/19
Signature of Officer/Authorized Representative <i>Susan N. D'Antuono</i> SIGN DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov