



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 27 2019

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1. Entity ID Number 000027176		2. Exact name of the Corporation First Baptist Church at Cross'Mills			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Worship services and regular activities related to church worship			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 4403 Old Post Rd. - P. O. Box 1165		City Charlestown		State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachm					
President Name Nora Safford			Vice-President Name Joanne Moffat		
Street Address 59 Collins Rd.			Street Address 115B Narragansett Trail		
City Ashaway	State RI	Zip 02804	City Charlestown	State RI	Zip 02813
Secretary Name Pam Provost			Treasurer Name Gayle A. Laurent-Reposa		
Street Address 293 Carolina Nooseneck Rd.			Street Address 100 Charlestown Beach Rd.		
City Wyoming	State RI	Zip 02898	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachm					
Director Name Melissa Ayliffe			Director Name Bradley Safford		
Street Address 241 Church Street			Street Address 59 Collins Rd.		
City Wakefield	State RI	Zip 02879	City Ashaway	State RI	Zip 02813
Director Name Perry Browning			Director Name		
Street Address 66 Bayfield Dr.			Street Address		
City Wakefield	State RI	Zip 02879	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.					
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 Gayle A. Laurent-Reposa				Date June 25, 2019	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE