



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 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 <input type="checkbox"/>							
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 attachr							
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 attachr							
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.							
<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 Gayle A. Laurent-Reposa						Date June 25, 2019	
Signature of Officer/Authorized Representative							

SIGN DOCUMENT HERE