RI SOS Filing Number: 201900823610 Date: 7/1/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

FILED . .

JUL 01 2019

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000027366	2. Exact name of the Corporation Foster Centre Baptist Church						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Worship and Christian Education						
4. NAICS Code							
813110 - Religious Organiza							
6. Principal Office Address	1		City	State	Zip		
185 Howard Hill Road			Foster	RI	02825		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Dianne Jordan			Vice-President Name none				
Street Address 11 Calvin French Road			Street Address none				
City Sterling	State CT	^{Zip} 06377	City none	State none	Zip none		
Secretary Name Dorothy Shippee			Treasurer Name Thomas Walden				
Street Address 186 Hartford Pike			Street Address 103 Central Pike				
^{City} Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Anita Grist		·	Director Name Roy Shippee				
Street Address 63 Howard hill Road			Street Address 186 Hartford Pike				
^{City} Foster	State RI	^{Zip} 02825	City Foster	State RI	^{Zip} 02825		
Director Name Faith Jacobson			Director Name Thomas Walden				
Street Address 57 Knotty Oak Road			Street Address 103 Central Pike				
City Coventry	State RI	^{Zip} 02816	City Foster	State RI	^{Zip} 02825		
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					Date		
Dorothy Shippee, secretary June 13, 2019							
Signature of Officer/Authorized Representative Outhy Shipper, secretary							

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov