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
JUL 01 2019
BY 210705

1. Entity ID Number	2. Exact name of the Corporation
000027366	**Foster Centre Baptist Church**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Worship and Christian Education**
4. NAICS Code: **813110 - Religious Organiza**	

6. Principal Office Address	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
Dorothy Shippee, secretary SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov