



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000027366

**2. Name of Corporation** Foster Centre Baptist Church

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 185 HOWARD HILL ROAD

City or Town: FOSTER

State: RI

Zip: 02825

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 186 HARTFORD PIKE

City or Town: FOSTER State: RI Zip: 02825 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1881 EFFECTIVE 04/27/1881. WORSHIP AND CHRISTIAN EDUCATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | DIANNE JORDAN   | 11 CALVIN FRENCH ROAD<br>STERLING, CT 06377 US                    |
| TREASURER      | THOMAS WALDEN   | 103 CENTRAL PIKE<br>FOSTER, RI 02825 USA                          |
| SECRETARY      | DOROTHY SHIPPEE                                       | 186 HARTFORD PIKE<br>FOSTER, RI 02825 USA                         |
| VICE PRESIDENT | NONE NONE   | NONE<br>NONE, RI 02825 USA  |
| DIRECTOR       | ANITA GRIST   | 63 HOWARD HILL ROAD<br>FOSTER, RI 02825 USA                       |
| DIRECTOR       | ROY L SHIPPEE   | 186 HARTFORD PIKE<br>FOSTER, RI 02825 USA                         |
| DIRECTOR       | THOMAS WALDEN   | 103 CENTRAL PIKE<br>FOSTER, RI 02825 USA                          |
| DIRECTOR       | FAITH JACOBSON  | 57 KNOTTY OAK ROAD<br>COVENTRY, RI 02816 USA                      |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROY L. SHIPPEE 186 HARTFORD PIKE FOSTER , RI 02825

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of June, 2020 at 2:46:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DOROTHY SHIPPEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07