



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

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BUS SERVICES DIV

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1. Entity ID Number 31865		2. Exact name of the Corporation WOODLAWN BAPTIST CHURCH of Pawtucket, R.I.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church services Sundays + throughout week	
4. NAICS Code 813110			
6. Principal Office Address 337 Lansdale Ave		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Larry Smith		Vice-President Name Tom Mahoney	
Street Address 22 Mears Lane		Street Address 149 Grandview Ave	
City Stoughton	State MA	City Lincoln	State RI
Zip 02072		Zip 02845	
Secretary Name Cindy Profughi Murphy		Treasurer Name Keith Larson	
Street Address 73 Centre St		Street Address 156 Ballston Ave	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Eleanor Hubbard		Director Name Susan Almeida	
Street Address 52 Park View Ave		Street Address 85 Nineth St.	
City Nawick	State RI	City Providence	State RI
Zip 02888		Zip 02906	
Director Name Paul Dixon		Director Name	
Street Address 107 Whittier Rd		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Cindy Profughi Murphy		Date 3-17-21 for year	
Signature of Officer/Authorized Representative Cindy Profughi Murphy		FILED M 2020	

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

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