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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2021

FILED

JUN 1 1 2021 BY UOO

Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

		-				
1. Entity ID Number 000140973	2. Exact name of the Corporation  The First Baptist Church in the town of Bristol					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Saving Souls					
4. NAICS Code	1					
813110 - Religious Organiza						
6. Principal Office Address			City	State	Zip	
250 High Street P. O. Box 402			Bristol	Rhode Islan	02809	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Christopher A. G	codrich		Vice-President Name Bonnie Howland			
Street Address 25 Andrews Court			Street Address 7 Greg Drive			
<sup>City</sup> Bristol	State R. I.	Zip 02809	City Warren	State R. I.	<sup>Zip</sup> 02885	
Secretary Name Gail Feather			Treasurer Name Artin Teekin			
Street Address 4 Mathew Court			Street Address 7 Timberland Drive			
City Warren	State R.I.	Zip 02809	<sup>City</sup> Lincoln	State R. I.	<sup>Zip</sup> 02865	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Rachel McGuire			Director Name Alan Pires			
Street Address 26 San Miguel Drive			Street Address 19 Paine Avenue			
<sup>City</sup> Bristol	State R. I.	Zip 02809	City Bristol	State R. I.	<sup>Zip</sup> 02809	
Director Name Darryl Black			Director Name Leonard P. Sanford III			
Street Address 6 San Miguel Drive			Street Address 868 Hope Street			
<sup>City</sup> Bristol	State R. I.	<sup>Zip</sup> 02809	City Bristol	State R. I.	<sup>Zip</sup> 02809	
8. Registered Agent in Rhode Islan	d. This information	is currently of recor	d in the Department of State. Ch	anges 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, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Repres	entative			Date	Date	
Leonard P. Sanford III, Assist	ant Treasurer	& Trustee		June 8, 2021	June 8, 2021	
Signature of Officer/Authorized Representative						

MAIL TO:

**Division of Business Services** 

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

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