RI SOS Filing Number: 202198388380 Date: 6/14/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUN 14 2021
BY 25171

Annual Report for the year: 2021
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.

1. Entity ID Number	2. Exact name of the Corporation
000027019	Faith Baptist Church
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious, to carry out the great commission of the Lord Jesus Christ and to develop Christian fellowship among the saints and growth in grace and knowledge.
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
765 Commonwealth Ave	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Tom Bartlett			Vice-President Name: Brian P. Sharp		
Street Address: 828 Tunk Hill Rd.			Street Address: 69 Maribeth Dr.		
City: Foster	State: RI	Zip: 02825	City: Johnston	State: RI	Zip: 02919
Secretary Name: Helen G. Vaughn			Treasurer Name: Dolores C. Miller		
Street Address: 25 Phillip St.			Street Address: 31 Central St.		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Michael Amalfitano			Director Name: Merrill R. Thomas		
Street Address: 6 Naragansett Dr.			Street Address: 765 Tollgate Rd.		
City: North Smithfield	State: RI	Zip: 02896	City: Warwick	State: RI	Zip: 02886
Director Name: William I. Sanders			Director Name: None		
Street Address: 351 New London Ave Unit 103			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	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.

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
Helen G. Vaughn	06/10/2021

Signature of Officer/Authorized Representative: Helen G. Vaughn

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

FORM 631 - Revised: 08/2020