State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUL 08 2021
BY 1210 DS

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 **26999**	2. Exact name of the Corporation **THE BAPTIST HOME OF RHODE ISLAND**
3. State of Incorporation **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island **PROVIDING SPIRITUAL WELL-BEING TO ELDERLY MEMBERS OF CHURCH**
4. NAICS Code **813219 - Other Grantmaking**	

6. Principal Office Address	City	State	Zip
~~501 Centerville Road, Suite 103~~ 21 Hopkins Ave. (Johnston, 02919 RI)	~~Warwick~~ Johnston	RI	~~02886~~ 02919

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

President Name			Vice-President Name		
James Ellison			Rev. Dr. Reppa Cottrell		
Street Address: 21 Hopkins Avenue			Street Address: 2525 Harkney Hill Road		
City: Johnston	State: RI	Zip: 02919	City: Coventry	State: RI	Zip: 02816
Secretary Name: Idela Wilson			Treasurer Name: John Bellisle		
Street Address: 900 Post Road, Apt. 30			Street Address: 80 Kings Grant Road		
City: Warwick	State: RI	Zip: 02888	City: Saunderstown	State: RI	Zip: 02874

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

Director Name			Director Name		
Steve Girard			Linda Martin		
Street Address: 18 S. Woodland Road			Street Address: 1718 Nooseneck Hill Road		
City: North Scitutate	State: RI	Zip: 02857	City: Coventry	State: RI	Zip: 02816
Director Name: Robert Nelson			Director Name: Donna Sherman		
Street Address: 268 Elm Street			Street Address: 246 Richardson Road		
City: Warwick	State: RI	Zip: 02888	City: Coventry	State: RI	Zip: 02816

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
John Bellisle	6 / 2 /2021

Signature of Officer/Authorized Representative: John Bellisle — 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