RI SOS Filing Number: 202199442900 Date: 7/21/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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

FILED
JUL 21 2021
BY 83518

1. Entity ID Number	2. Exact name of the Corporation
000133086	FIRST BAPTIST CHURCH of WEST WARWICK
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church where a groups of people gather together To hear the word of God
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
1613 Main Street	West Warwick	RI	02893

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

President Name	Vice-President Name
Steven CAVER	
Street Address: 624 Washington ST Apt 425	Street Address
City: Coventry State: RI Zip: 02816	City State Zip
Secretary Name: CAROL Herchuk	Treasurer Name: LYNDA HAWKINS
Street Address: 58 Revere STREET	Street Address: 226 PLAIN MEETING HOUSE Rd
City: West Warwick State: RI Zip: 02893	City: WEST GREENWICH State: RI Zip: 02817

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
KATHLEEN LOSEAU	LINDA GORTON
Street Address: COUNTRY DRIVE	Street Address: 73 Clyde STREET
City: WEST WARWICK State: RI Zip: 02893	City: West Warwick State: RI Zip: 02893
Director Name: MARILYN Hopper	Director Name
Street Address: 8 Merideth DRIVE	Street Address
City: COVENTRY State: RI Zip: 02816	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
Lynda R Hawkins	6/25/21

Signature of Officer/Authorized Representative

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