RI SOS Filing Number: 202100013250 Date: 8/5/2021 4:00:00 PM

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State of Rhode Island

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

Annual Report for the year:	2021
Non-Profit Corporation	

RECEIVED R.I. DEPT. OF STATE BUS SVOS DIV

2021 AUG -5 AM 3: 01

→ Filing period; June 1 - June 30

→ Filing Fee. \$20.00

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

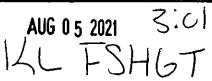
Entity ID Number	2. Exact name of the Corporation						
001725282	Lime Rock Baptist Church in Lincoln						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious Organization/Church						
4. NAICS Code							
813110 - Religious Organizati							
6. Principal Office Address			City	State	Zip		
1075 Great Road			Lincoln	RI	02865		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment 🗸							
President Name Ronald E. Rivet			Vice-President Name Robert H. Turner				
Street Address 10 Rivet Drive		Street Address 19 Great Meadows Road					
City Lincoln	State RI	Zia 02865	City Lincoln	State RI	<sup>Zip</sup> 02865		
Secretary Name Caitlin R. Rivet		·····	Treasurer Name Audrey M.				
Street Address 50 Scarborough Road		Street Address 10 Rivet Drive					
City Cumberland	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
8. List ALL directors (names and ad	idresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment		
Director Name Ronald E. Rivet			Director Name Audrey M. Rivet				
Street Address 10 Rivet Drive		Street Address 10 Rivet Drive					
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincoln	State RI	<sup>Zıp</sup> 02865		
Director Name Caitlin R. Rivet		Director Name Joan Bateson					
Street Address 50 Scarborough Road		Street Address 60 Colwell Road					
<sup>Citv</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City Harrisville	State RI	<sup>Z<sub>10</sub></sup> 02830		
9. The Registered Agent informatio	n of record wit	h the RI Departmen	t of State is accurate. Change	s require filing Form 641			
Under penalty of perjury, I declar statements, and that all statemen				accompanying sched	ules and		
This import 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	Date			
Ronald E. Rivet			August 5, 20	August 5, 2021			
Signature of Officer/Authorized Representative							
FILED							

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 Attachment

## 7. List ALL Officers

Assistant Secretary: Christine Maino

8 Denson Road

Lincoln, RI 02865

Assistant Treasurer: Albert Lawton

45 Magnolia Lane

Coventry, RI 02816

Financial Recorder: Joan Bateson

60 Colwell Road

Harrisville, RI 02830

Assistant Financial Roberta Roberts

Recorder: 6 Middlebrook Lane

Lincoln, RI 02865

Sunday School Supt: Amy D. Brown

1 Great Meadows Lane

Lincoln, RI 02865

## **8. List ALL Directors**

Director: Amy D. Brown

1 Great Meadows Lane

Lincoln, RI 02865