



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000027942

**2. Name of Corporation** North Scituate Baptist Church of North Scituate, Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813110

**4. Principal Office Address**

No. and Street: 619 WEST GREENVILLE ROAD

City or Town: NORTH SCITUATE

State: RI Zip: 02857 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

BAPTIST CHURCH

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	TRACI L CADY	6 APPLE VALLEY DRIVE REHOBOTH, MA 02769 USA
PRESIDENT	PASTOR KIM NELSON	282 WILSON AVENUE

		RUMFORD, RI 02916 USA
DIRECTOR	ERIK CADY	6 APPLE HILL DRIVE REHOBOTH, MA 02769 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALLISON C. THIENEL 619 WEST GREENVILLE ROAD P.O. BOX 427 NORTH SCITUATE , RI 02857

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of September, 2021 at 12:57:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By TRACI CADY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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