



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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

OCT 6 2021

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1. Entity ID Number 000126781		2. Exact name of the Corporation First Baptist Church of Woonsocket, RI	
3. State of Incorporation R. I.		5. Brief description of the character of business conducted in Rhode Island Religious, Worship, Christian Ministries, Community Service, Community Outreach	
4. NAICS Code 813110			
6. Principal Office Address 55 Main Street (P.O. Box 3553)		City Woonsocket	State R.I.
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jo-Ann Buteau		Vice-President Name Christine Parker	
Street Address 660 Elm Street		Street Address 21 1st Avenue	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name Lydia Joan Croteau		Treasurer Name Denise Pazzetta	
Street Address Pond Street		Street Address 2nd Avenue	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bruce Buteau		Director Name Rev. James Curran	
Street Address 660 Elm Street		Street Address Park Avenue	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Director Name Pastor Dorian Parker		Director Name	
Street Address 21 1st Avenue		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		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 Deacon Chair, Jo-Ann Buteau			Date 10/4/2021
Signature of Officer/Authorized Representative Deacon Jo-Ann Buteau			

MAIL TO:

Division of Business Services

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Website: www.sos.n.gov

FORM 631 - Revised: 08/2020