(43)	

State of Rhode Island

Department of State - Business Services Division

Annuai Report for the year: **Non-Profit Corporation**

FILED

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

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

57/AC 276

1. Entity ID Number	2. Exact name of the Corporation					
000126781	First Baptist Church of Woonsocket, RI					
3. State of Incorporation	5. Brief description of the character	of business conducted in Rhode is	land a A	1 .40		
R.I.	Religeous, Worship, Christian Ministries,					
4. NAICS Code	Community Service, Community Outreach					
813/10	Community Bervice / Community Outracts					
6. Principal Office Address	<i>(</i>) -	City	State	Zip		
	<u>eet (P.O. Box 3553</u>	Woon Socket	R.I.	02895		
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Jo-Ann Bute	au	Vice-President Name	arker			
Street Address Elm Str.	eet	Street Address 15T AVE	nul			
Woon Socket	State Zip 02895	Woonsceket	State	Zip (22895		
Secretary Name	CroTeau	Treasurer Name Denise P	moth			
Street Address	t CIDIEUM	Street Address 200 AVENUS	1			
	State O ZID OO)O		State 7	Zin		
Woonsocket	State RI 202895	G)oonsocket	I RI	02895		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name BRUCE B1	cteay	Director Name Rev. Jan	nes Cur	ran		
Street Address	reet	Street Address	4 MIR	•		
	1221	$1 \qquad 1 \qquad (N \mid N $				
(1)000 Sock ot	State RT DAS95	'	State R +	12i02895		
City WOOD SOCK et Director Name Pastor De		City WOOD SOC Ket Director Name	State R 1	2 02895		
Director Name Pastor Do Street Address	State RT 2002895 Orian Parker	Woon Socket	State R +	2 02895		
Director Name Pastor Do Street Address 2 1 15t A		City WOOD SOC Ket Director Name	State R +	zip 2895		
Director Name Pastor Do Street Address 2 1 1 St A City Woon Socket	State RT 2102895 Orian Parker Venne State RT 2102895	City WOOD SOC Ket Director Name Street Address City	K 7	zip 2895		
Director Name Pastor De Street Address 2 St A City Woon Socket 9. The Registered Agent information Under penalty of perjury, I declar	State RT 210 2895 Orian Parker Venue State RT 210 2895 In of record with the RI Department of the state o	City Director Name Street Address City State is accurate. Changes require this report, including any accomp	State e filing Form 641.			
Director Name Pastor Do Street Address Street Address City, Woon Socket 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements	State RT Zip 2895 Orian Parker Venue State RT Zip 2895 In of record with the RI Department of record affirm that I have examined into contained herein are true and	City Director Name Street Address City of State is accurate. Changes require this report, including any accommonrect.	State e filing Form 641. panying schedule	es and		
Director Name Pastor Do Street Address Street Addre	State RT Zip 2895 OY I AN PAY KOY Ven NL State RT Zip 2895 on of record with the RI Department of and affirm that I have examined into contained herein are true and sideni, Vice-Presideni, Secretary, Assistani Secre	City Director Name Street Address City of State is accurate. Changes require this report, including any accommonrect.	State e filing Form 641. panying schedulative, Receiver or Trusie	es and		
Director Name Pastor Do Street Address Street Address City, Woon Socket 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements	State RT Zip 2895 OY I AN PAY KOY Ven NL State RT Zip 2895 on of record with the RI Department of and affirm that I have examined into contained herein are true and sideni, Vice-Presideni, Secretary, Assistani Secre	City Director Name Street Address City of State is accurate. Changes require this report, including any accommonrect.	State e filing Form 641. panying schedule	es and		
Director Name Pastor Do Street Address Street Addre	State RT 2ip 2895 OY I AN PAY KOY Venyl State RT 2ip 2895 In of record with the RI Department of the and affirm that I have examined into contained herein are true and sidemit, vice-President, Secretary, Assistant Secretarive To - Ann But	City Director Name Street Address City of State is accurate. Changes require this report, including any accommonrect.	State e filing Form 641. panying schedulative, Receiver or Trusie	es and		
Director Name Pastor Director Name Pastor Street Address 2 St A City, Woon Socket 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres Name of Officer/Authorized Repres Deach Chair	State RT 2ip 2895 OY I AN PAY KOY Venyl State RT 2ip 2895 In of record with the RI Department of the and affirm that I have examined into contained herein are true and sidemit, vice-President, Secretary, Assistant Secretarive To - Ann But	City Director Name Street Address City of State is accurate. Changes require this report, including any accommonrect.	State e filing Form 641. panying schedulative, Receiver or Trusie	es and		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov