

Annual Report for the year: 2023  
 Non-Profit Corporation \_\_\_\_\_

FEB 15 2023  
 BY 2291 *ky*

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000027366</b>		2. Exact name of the Corporation <b>Foster Centre Baptist Church</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Worship and Christian Education</b>			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address <b>185 Howard Hill Road</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dianne Jordan</b>			Vice-President Name <b>none</b>		
Street Address <b>11 Calvin French Road</b>			Street Address <b>none</b>		
City <b>Sterling</b>	State <b>CT</b>	Zip <b>06377</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Dorothy Shippee</b>			Treasurer Name <b>Thomas Walden</b>		
Street Address <b>186 Hartford Pike</b>			Street Address <b>103 Central Pike</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Faith Jacobson</b>			Director Name <b>Roy Shippee</b>		
Street Address <b>57 Knotty Oak Road</b>			Street Address <b>186 Hartford Pike</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
Director Name <b>Thomas Walden</b>			Director Name		
Street Address <b>103 Central Pike</b>			Street Address		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825Dr</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Dorothy Shippee</b>				Date <b>February 1 2023</b>	
Signature of Officer/Authorized Representative <i>Dorothy Shippee</i>					