RI SOS Filing Number: 202330024570 Date: 3/3/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation
→ Filing period February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation
000027019	Faith Baptist Church
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious, to carry out the great commission of the Lord Jesus Christ and to develop Christian fellowship among the saints and growth in grace and knowledge.
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
765 Commonwealth Ave.	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Matthew Vandeleest			Vice-President Name: Tom Bartlett		
Street Address: 67 Whitman Rd.			Street Address: 5 Tunk Hill Rd.		
City: Coventry	State: RI	Zip: 02816	City: Foster	State: RI	Zip: 02825
Secretary Name: Janice L. Healey			Treasurer Name: Merrill R. Thomas		
Street Address: 226 Alabama Ave.			Street Address: 765 Tollgate Rd.		
City: Providence	State: RI	Zip: 02905	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Brian P. Sharp			Director Name: Merrill R. Thomas		
Street Address: 69 Maribeth Dr.			Street Address: 765 Tollgate Rd.		
City: Johnston	State: RI	Zip: 02919	City: Warwick	State: RI	Zip: 02886
Director Name: William I. Sanders			Director Name: Steven P. Grenier		
Street Address: 351 New London Ave. Unit 103			Street Address: 13905 W. Colonial Dr. #138		
City: Warwick	State: RI	Zip: 02886	City: Winter Garden	State: FL	Zip: 34787

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	Date
Janice L. Healey	3/3/23

Signature of Officer/Authorized Representative: Janice L. Healey

FILED
MAR 0 8 2023
BY ML 7T5ZE

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 - Revised: 2/2023