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

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

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: 2023

1. Corporate ID No. 000147101

2. Name of Corporation Bethany Christian Services of Southern New England, Inc.

3. State of Incorporation

State: MA

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

624190

4. Principal Office Address

No. and Street: 901 EASTERN AVE NE
City or Town: GRAND RAPIDS State: MI Zip: 49503 Country: USA

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

PREGNANCY COUNSELING, DOMESTIC ADOPTION, INTERNATIONAL ADOPTION, FOSTER CARE

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

CHAIRMAN OF THE BOARD	KEVIN SAVAGE	901 EASTERN AVE NE GRAND RAPIDS, MI 49503 USA
PRESIDENT/CEO	CHRIS PALUSKY	901 EASTERN AVE NE GRAND RAPIDS, MI 49503 USA
SECRETARY/TREASURER/CFO	SCOTT DEVRIES	901 EASTERN AVE NE GRAND RAPIDS, MI 49503 USA
DIRECTOR	LEE GROSSI	901 EASTERN AVE NE GRAND RAPIDS , MI 49503 USA
DIRECTOR	JENNIFER PAQUETTE	901 EASTERN AVE NE GRAND RAPIDS, MI 49503 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 7 Day of April, 2023 at 12:56:24 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 ADAM DEIS
Signature of Authorized Person

Form No. 631
Revised 09/07