



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

APR 14 2023  
51302

- 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 27174		2. Exact name of the Corporation First Baptist Church Of Charlestown At Quonochontaug			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 5073 Old Post Road			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Paula Moreau		Vice-President Name John Mackenzie			
Street Address 32 Old Depot Road		Street Address 17 Stenton Road			
City Hope Valley	State RI	Zip 02832	City Westerly	State RI	Zip 02891
Secretary Name Susan Perreault		Treasurer Name Nancy Gavitt			
Street Address 10 Chase Hill Road		Street Address 99 Beach Street			
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jean Babcock		Director Name James Larson			
Street Address 21 Powaget Avenue		Street Address 42 Potter Hill Road			
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Director Name Lisa Babcock		Director Name			
Street Address 75 Lissa Drive		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Nancy E. Gavitt - Treasurer				Date 4/6/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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