RI SOS Filing Number: 202335072530 Date: 5/1/2023 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



Entity ID Number	2 Exact name of the Corporation				
130173	Narragansett Bay Baptist Church				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Baptist Church				
4. NAICS Code	1				
813110					
6. Principal Office Address			City	State	Zip
1642 West Shore Road			Warwick	RI	02889
7. List ALL officers (names and addresses)  Check the box to indicate an attachm					ttachment 🗌
President Name Clinton Smith Jr			Vice-President Name Bruce Webster		
Street Address 59 Oak Tree			Street Address 207 Winter Ave		
<sup>City</sup> North Kingstown	State RI	<sup>Zip</sup> 02852	<sup>City</sup> Warwick	State RI	Zip 02889
Secretary Name Michelle Whitney			Treasurer Name Doug Brandenburg		
Street Address 286 Sargent Street			Street Address 27 Vanstone Ave		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Warwick	State RI	<sup>Z<sub>10</sub></sup> 02889
List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment.					
Director Name Anderson Gutierrez			Director Name Stephen O'Donnell		
Street Address 177 Winter Ave			Street Address 190 Sand Pond Road		
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	<sup>City</sup> Warwick	State RI	Zip 02888
Director Name James Beausoleil			Director Name		
Street Address 22 Independence Drive			Street Address		
City Warwick	State RI	<sup>Zip</sup> 02888	City	State	Zip
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	
Clinton E Smith Jr				4/25/2023	
Signature of Officer/Authorized Representative					

MAIL TO:

**Division of Business Services** 

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

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