	State of Rhode	Island	Fee: \$20.00	
	Office of the Secreta	ry of State		
	Division Of Business	Services		
	148 W. River S	treet		
	Providence RI 0290			
7630	(401) 222-304	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023				
1. Corporate ID No. 000133086				
2. Name of Corporation FIRST BAPTIST CHURCH OF WEST WARWICK				
3. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
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 <u>click here.</u>				
NAICS Code				
<u>813110</u>				
4. Principal Office Address				
No. and Street: 1613 M	AIN STREET			
	VARWICK State:	<u>RI</u> Zip: <u>02893</u> Cou	ntry: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
<u>CHURCH.</u>				
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	p Code, Country	

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PRESIDENT	KATHLEAN LOSEAU	COUNTRY DRIVE WEST WARWICK, RI 02893 USA
DIRECTOR	LINDA GORTON	73 CLYDE STREET WEST WARWICK, RI 02893 USA
DIRECTOR	LYNDA R HAWKINS	226 PLAIN MEETING HOUSE RD WEST GREENWICH, RI 02817 USA
DIRECTOR	LISA PRIMROSE	BLACK PLAIN ROAD EXETER, RI 02822 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

LYNDA HAWKINS 1613 MAIN STREET WEST WARWICK , RI 02893

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

Signed this 6 Day of June, 2023 at 10:36:28 AM 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 <u>LYNDA R HAWKINS</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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