



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

**Non-Profit Corporation
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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000027195

2. Name of Corporation First Baptist Church in Wickford

3. State of Incorporation

State: RI

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 [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 34-44 MAIN STREET

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

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

RELIGIOUS SERVICES AND MINISTRIES.

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, Zip Code, Country
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TREASURER	KEN LAWRENCE	168 NORDIC TRL. CHARLESTOWN, RI 02813 USA
SECRETARY	GAIL GURNON	32 SOUTHWINDS WAKEFIELD, RI 02879 USA
DIRECTOR	GAIL GURNON	32 SOUTHWINDS WAKEFIELD, RI 02818 USA
DIRECTOR	DIRK TYSMANS	200 TOWER HILL RD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	KEN LAWRENCE	168 NORDIC TRL. CHARLESTOWN, RI 02813 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**

KENNETH LAWRENCE 34-44 MAIN STREET WICKFORD , RI 02852

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

Signed this 19 Day of February, 2024 at 12:14:46 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 CYNTHIA F BELLISLE
Signature of Authorized Person

Form No. 631
Revised 09/07

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