



State of Rhode Island
Department of State - Business Services Division

FILED

APR 15 2024

BY 1532
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Annual Report for the year: 2024
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.

1. Entity ID Number <u>000029273</u>		2. Exact name of the Corporation <u>Warwick Central Baptist Church</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Doing work of a Church</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>3270 Post Road</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Beverly Mason</u>			Vice-President Name <u>Lynne Linden</u>		
Street Address <u>189 South Main St</u>			Street Address <u>215 Betsy Williams Dr.</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Secretary Name			Treasurer Name <u>Bob Zangari</u>		
Street Address			Street Address <u>16 Lillian Court</u>		
City	State	Zip	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Beverly Mason</u>			Director Name <u>Bob Zangari</u>		
Street Address <u>189 South Main St</u>			Street Address <u>16 Lillian Court</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Director Name <u>Lynne Linden</u>			Director Name <u>Pastor Sam Chesser</u>		
Street Address <u>215 Betsy Williams Dr</u>			Street Address <u>93 Aldrich St</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
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 <u>RONALD A. ZANGARI</u>				Date <u>4/11/24</u>	
Signature of Officer/Authorized Representative <u>Ronald A. Zangari</u>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov