



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

MAIL TO:
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