



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 15 2024

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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>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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:**  
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