

**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:** 20241. Corporate ID No. 0000277332. Name of Corporation NORTH FOSTER FREE-WILL BAPTIST CHURCH

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

813990

4. Principal Office Address

No. and Street: 81 E KILLINGLY ROADCity or Town: FOSTERState: RIZip: 02825Country: USA

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

CHURCH

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

TREASURER	BRIAN ROBERT GOSPER	64 PICABO ST DANIELSON, CT 06239 USA
DIRECTOR	SUSAN LESSARD	508 ROCKY HILL RD N SCITUATE, RI 02857 USA
DIRECTOR	KIRSTEN GOSPER	64 PICABO ST DANIELSON, CT 06239 USA
DIRECTOR	SANDRA ARNOLD	1081 CHOPMIST HILL ROAD N SCITUATE, RI 02857 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**

WILLIAM F. SEDGLEY, JR. 109 EAST KILLINGLY ROAD FOSTER , RI 02825

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

Signed this 20 Day of April, 2024 at 12:36:36 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 BRIAN GOSPER
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved