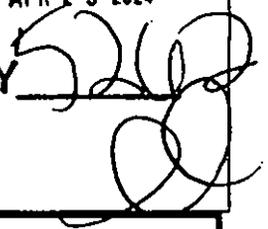




State of Rhode Island  
Department of State - Business Services Division

**FILED**

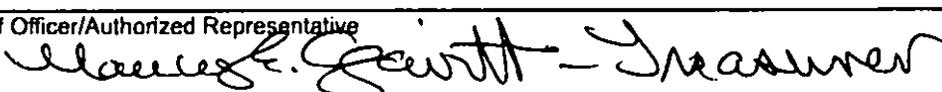
APR 23 2024

BY 

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 <b>27174</b>		2. Exact name of the Corporation <b>First Baptist Church Of Charlestown At Quonochontaug</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>5073 Old Post Road</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dianne Storm</b>			Vice-President Name <b>Paula Moreau</b>		
Street Address <b>117 Upland Road</b>			Street Address <b>32 Old Depot Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
Secretary Name <b>Susan Perreault</b>			Treasurer Name <b>Nancy Gavitt</b>		
Street Address <b>10 Chase Hill Road</b>			Street Address <b>99 Beach Street</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jean Babcock</b>			Director Name <b>James Larson</b>		
Street Address <b>21 Powaget Avenue</b>			Street Address <b>42 Potter Hill Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Lisa Babcock</b>			Director Name		
Street Address <b>75 Lissa Drive</b>			Street Address		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Nancy E. Gavitt - Treasurer</b>				Date <b>4/16/2024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)