



**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: 2024

1. Corporate ID No. 000078309

2. Name of Corporation Community Baptist Church of Newport, RI

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
813110

4. Principal Office Address

No. and Street: 50 DR. MARCUS F. WHEATLAND
BOULEVARD

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

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

RELIGIOUS SERVICES

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GLEN S LEVERETTE JR.	61 HORIZON DRIVE SAUNDERSTOWN, RI 02874 US
TREASURER	LINDA PALMER	38 BOULEVARD TERRACE MIDDLETOWN, RI 02842 USA
SECRETARY	VERONICA MAYS	2032 E MAIN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	PRISCILLA DOREEN WILLIAMS	3 POCONO ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	CHERYL ROBINSON	PO BOX 4646 MIDDLETOWN, RI 02842 USA
DIRECTOR	MAXINE SHAVERS	16 HEATH STREET NEWPORT, RI 02840 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

LAURI SMALLS 50 DR. MARCUS F. WHEATLAND BLVD NEWPORT , RI 02840

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

Signed this 24 Day of April, 2024 at 1:56:26 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 VERONICA MAYS
Signature of Authorized Person

Form No. 631
Revised 09/07

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