



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2025

APR 07 2025
BY [Signature]

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 27179		2. Exact name of the Corporation First Baptist Church in East Providence			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Worship and religious instruction			
4. NAICS Code 813110 Religious					
6. Principal Office Address 1400 Pawtucket Ave		City Rumford		State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gary Coleman			Vice-President Name Alan Souliere		
Street Address 80 Juniper Ave			Street Address 20 Roma ST		
City Attleboro	State Ma	Zip 02703	City East Providence	State RI	Zip 02914
Secretary Name Judith Benson			Treasurer Name Lois Bailey		
Street Address 17 Somerset Ave			Street Address 369 Pleasant ST		
City Riverside	State RI	Zip 02915	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name William Simpson			Director Name Tino Santos		
Street Address 426 Williston Way			Street Address 24 Arbor ST		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
Director Name Scott Rounce			Director Name		
Street Address 56 Atwood Ave			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Judith Benson					Date 4-1-2025
Signature of Officer/Authorized Representative [Signature]					

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

FORM 631 - Revised: 06/2019