



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 07 2025

BY

Annual Report for the year: 2025

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 000137852		2. Exact name of the Corporation Wakefield Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To introduce Jesus Christ to those who do not know and love him			
4. NAICS Code 813110					
6. Principal Office Address 236 Main Street			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Catherine Holloway			Vice-President Name None		
Street Address 1217 Shannock Rd.			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Julie Wardwell			Treasurer Name Jill McGuire		
Street Address 251 Leisure Dr.			Street Address 118C Driver Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 J. Whitney Bancroft			Director Name Rebecca DeLuise		
Street Address 51 Mellbridge Dr.			Street Address 530 Rose Hill Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Cindy Phillips			Director Name None		
Street Address 1016 Old Baptist Rd.			Street Address		
City North Kingstown	State RI	Zip 02852	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>					
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 <i>Catherine Holloway</i>				Date 3/31/25	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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