State of Rhode Island
Department of State - Business Services Division

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.

FILED
APR 14 2025
BY 1014

1. Entity ID Number	2. Exact name of the Corporation
000027019	Faith Baptist Church
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious-Non Profit
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
765 Commonwealth Ave	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Matthew Vandeleest			Vice-President Name: Thomas Bartlett		
Street Address: 67 Whitman Rd			Street Address: 828 Tunk Hill Rd		
City: Coventry	State: RI	Zip: 02816	City: Foster	State: RI	Zip: 02825
Secretary Name: Sandy Bartlett			Treasurer Name: Merrill R. Thomas		
Street Address: 828 Tunk Hill Rd			Street Address: 765 Tollgate Rd		
City: Foster	State: RI	Zip: 02825	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Brian Sharp			Director Name: Merrill R. Thomas		
Street Address: 69 Maribeth Dr			Street Address: 765 Tollgate Rd		
City: Johnston	State: RI	Zip: 02919	City: Warwick	State: RI	Zip: 02886
Director Name: William I. Sanders			Director Name: Rex Stone		
Street Address: 351 New London Ave Unit 103			Street Address: 2301 Village Green Circle		
City: Warwick	State: RI	Zip: 02886	City: Coventry	State: RI	Zip: 02816

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Sandy Bartlett	**4/7/25**

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

FORM 631- Revised: 12/2023