

Amended

State of Rhode Island
Department of State - Business Services Division

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV.

1. Entity ID Number 000026999		2. Exact name of the Corporation The Baptist Home of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Providing for the spiritual well-being of elderly members of The Baptist Church in Rhode Island and others.			
4. NAICS Code 813219					
6. Principal Office Address 54 Exeter Road			City Exeter	State RI	Zip 02822
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name David Coon			Vice-President Name		
Street Address 96 Lantern Lane			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Mark DiLuglio			Treasurer Name Frederick C. Eckel, Jr.		
Street Address 355 Elmdale Road			Street Address 41 Grove Ave.		
City Scituate	State RI	Zip 02857	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment ☐
Director Name David Coon			Director Name Frederick C. Eckel, Jr.		
Street Address 96 Lantern Lane			Street Address 41 Grove Ave.		
City Exeter	State RI	Zip 02822	City Westerly	State RI	Zip 02891
Director Name Mark DiLuglio			Director Name Donna Sherman		
Street Address 355 Elmdale Road			Street Address 246 Richardson Road		
City Scituate	State RI	Zip 02857	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 Frederick C. Eckel, Jr.					Date 6/3/25
Signature of Officer/Authorized Representative <i>Frederick C. Eckel, Jr., Treas.</i>					FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 06 2025

BY LXS 11:57am

FORM 631- Revised: 12/2023

Attachment to Annual Report
The Baptist Home of Rhode Island
Board of Directors

Cindy Bellisle
1070 Ten Rod Road
Exeter, RI 02822

Steve Girard
10 South Woodland Road
North Scituate, RI 02857

Deb Nordstrom
88 Southwest Ave.
Jamestown, RI 02835

Idela Wilson
900 Post Road, Apt. 30
Warwick, RI 02888

Michael Moore
5 Oak Street
Coventry, RI 02816

Ron Provencal
52 Donna Drive
Cranston, RI 02921



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 06, 2025 11:57 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

