RI SOS Filing Number: 202577035890 Date: 7/18/2025 11:30:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2014
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	2. Exact name of the Corporation
27237	Wood River Baptist Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: A Church Ministry that includes the Teaching and Preaching of the Word of God and all other Church related business.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
246 Kingstown Rd	Wyoming	RI	02898

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

President Name: Jonathan Juneau			Vice-President Name: George Barrett		
Street Address: 35 KG Ranch Rd			Street Address: 106 Buttonwood Rd		
City: Richmond	State: RI	Zip: 02832	City: Wyoming	State: RI	Zip: 02898
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Joanne Barrett			Director Name: Heather Juneau		
Street Address: 106 Buttonwood Rd			Street Address: 35 KG Ranch Rd		
City: Wyoming	State: RI	Zip: 02898	City: Richmond	State: RI	Zip: 02832
Director Name: Wayne Stoner			Director Name:		
Street Address: 73 Nooseneck Rd			Street Address:		
City: Wyoming	State: RI	Zip: 02898	City:	State:	Zip:

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
George Barrett	**7/2/2025**

Signature of Officer/Authorized Representative

FILED
JUL 18 2025
BY 3TdCH
1130

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