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

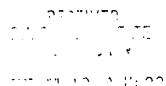


State of Rhode Island **Department of State - Business Services Division**

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 27237	Exact name of the Corporation Wood River Baptist Church				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	A Church Ministry that includes the Teaching and Preaching of the Word of				
4. NAICS Code	God and all other Church related business.				
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	δ <u>0</u> 2832
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, Transurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres	entative	FILED	Date		
George Barrett		uu 1 2 2025 .	7/2/2025		
Signature of Officer/Authorized Representative					
MATI TO:					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1130