

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 • F/	AILURE TO FILI	E THIS REPORT BY J	JLY 30 WILL RESULT IN A \$2	5.00 PENALTY	FEE.		
1. Entity ID No.	2. Exact name	2. Exact name of the Corporation					
28418	Mesha	Meshanticut Park Church (Community Baptist)					
3. State of Incorporation	4. Brief descri	otion of the character of bo	usiness conducted in Rhode Island				
RI	Non A	profit Churc	ch)				
5. Principal office address	1		Cranston	State	Zip		
32 Kosevier	2 Roseview Ave			<i>K(</i>	Zip 02920	<u> </u>	
6. LIST ALL OFFICERS (NAM	MES AND ADDRE	SSES) ("X" BOX FOR AT	TACHMENT)			- 10	
President Name Frank B. Lancia			Vice-President Name		2012		
Street Address 32 Rosc Ve u	v Ave		Street Address		DCT		
city Cranston	State	Zip 02920	City	State	Zip 🐱	32	
Secretary Name Carbara McConaghy			Treasurer Name Daniel Roy	,	3	Ĉ,	
Street Address 21 Reed Ave			Street Address 23 Stevens	Ďr	: 28	<	
Cranston	State	02910	city West Warwic	K State	Zip 0289	3	
7. LIST ALL DIRECTORS (NA ("X" BOX FOR ATTACHME		ESSES). RHODE ISLAN	D CORPORATIONS MUST LIST	NO LESS THAN	THREE (3) DIRE	CTORS	
Director Name			Director Name				
Frank B. Lancia			Daniel Roy				
Street Address 32 ROSEVIEW AVE			23 Stevens Dr.				
Cranston	State	zip 02920	West Warwick	State	Zip 02893	3	
Director Name	Conaghy		Director Name	•			
Street Address 1			Street Address				
CITY ASTON	State	2ip 02410	City	State	Zip		
8. REGISTERED AGENT IN F		1					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.							
			lent, Secretary, Assistant Secretary		iver or Trustee		

FILED

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and just all statements contained herein are true and correct.			
Check No	(Darbara McConaghy 6/15/12			
By:182139	Signature of Officer Date			
FOR SECRETARY OF STATE USE ONLY	Barbara McConaghy Print or Type Name of Officer			
Form No. 631 Revised: 05/2012	Secretary Title of Officer			