RI SOS Filing Number: 202213115380 Date: 3/14/2022 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2022	•
Non-Profit Corporation		
→ Filing period: February 1 - May 1		

FILED

MAR 1 4 2022

> Filing Fee:	\$20.00
→ Penalty: Ad	dditional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation						
000027366	Foster Centre Baptist Church						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Worship and Christian Education						
4. NAICS Code	1						
813110 - Religious Organizations							
6. Principal Office Address			City	State	Zip		
185 Howard Hill Road			Foster	RI	02825		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Dianne Jordan	esident Name Dianne Jordan			Vice-President Name none			
Street Address 11 Calvin French Road			Street Address none				
City Sterling	State CT	<sup>Zip</sup> 06377	<sup>City</sup> none	State none	<sup>Zip</sup> none		
Secretary Name Dorothy Shipp	pee		Treasurer Name Thomas Walden				
Street Address 186 Hartford Pike		Street Address 103 Central Pike					
<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825	<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Faith Jacobson		Director Name Roy Shippee					
Street Address 57 Knotty Oak Road		Street Address 186 Hartford Pike					
<sup>City</sup> Coventry	State RI	<sup>Zip</sup> 02816	City Foster	State RI	<sup>Zip</sup> 02825		
Director Name Thomas Walden			Director Name				
Street Address 103 Central Pike		Street Address					
<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825	City	State	Zip		
9. The Registered Agent information	n of record with th	e 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				
Dorothy Shippee, secretary			March 6, 2022				
Signature of Officer/Authorized Representative  Davin Augree							

MAIL TO:

Division of Business Services

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

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