



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 14 2022

BY *[Signature]*

Annual Report for the year: 2022
 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 000140973		2. Exact name of the Corporation First Baptist Church in the town of Bristol			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Saving souls			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 250 High Street P.O. Box 402		City Bristol	State R. I.	Zip 02809	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher A. Goodrich			Vice-President Name Rebecca St. Vincent		
Street Address 25 Andrews Court			Street Address 10 Rock Street		
City Bristol	State R. I.	Zip 02809	City Bristol	State R. I.	Zip 02809
Secretary Name Gail Feather			Treasurer Name Artin Taskin		
Street Address 4 Mathew Court			Street Address 7 Timberland Drive		
City Warren	State R. I.	Zip 02885	City Lincoln	State R. I.	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rachel McGuire			Director Name Alexander Duarte		
Street Address 26 San Miguel Drive			Street Address 56 Catherine Drive		
City Bristol	State R. I.	Zip 02809	City North Kingstown	State R. I.	Zip 02852
Director Name Leonard P. Sanford III			Director Name		
Street Address 868 Hope Street			Street Address		
City Bristol	State R. I.	Zip 02809	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Leonard P. Sanford III				Date March 10, 2022	
Signature of Officer/Authorized Representative <i>Leonard P. Sanford III</i>					

MAIL TO:
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 Website: www.sos.ri.gov