



State of Rhode Island
Department of State - Business Services Division

FILED
APR 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 000027189		2. Exact name of the Corporation FIRST BAPTIST CHURCH OF PAWTUCKET			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES			
4. NAICS Code 813110					
6. Principal Office Address 91 COTTAGE ST		City PAWTUCKET	State RI	Zip 02860	
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 ROBERT CASTLE			Vice-President Name		
Street Address 191 CLEWS ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name PATRICIA BOBOLA			Treasurer Name CYNTHIA DOWNIE		
Street Address 5 HOWARD AVE			Street Address 12 WINIFRED AVE		
City PAWTUCKET	State RI	Zip 02860	City WARWICK	State RI	Zip 02889
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 STEPHEN BOBOLA			Director Name JENNIFER DYSON		
Street Address 5 HOWARD AVE			Street Address 348 FORSYTHE CIRCLE		
City PAWTUCKET	State RI	Zip 02860	City SEEKONK	State MA	Zip 02771
Director Name MICHELE ALT			Director Name		
Street Address 84 PROSPECT ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	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 CYNTHIA DOWNIE					Date 4/11/22
Signature of Officer/Authorized Representative <i>Cynthia Downie</i>					

MAIL TO:
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