O	RI SOS	Filing Number: 202217442130	Date: 5/17/2022 4:00:00 PM
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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	200
Non-Profit Corporation	<u>2027</u>

MAY 1 7 2022

 → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if 	form is not filed by May 31.	1	4002				
1. Entity ID Number	2. Exact name of the Corporation			<u>.</u>			
27179	First Baptist	Church in Eas	t Provid	ence			
3. State of Incorporation	, , , , , , , , , , , , , , , , , , ,	of business conducted in Rhode Isla					
Rhode Island	Worship and re	ligious instruct	tón				
4. NAICS Code o rganizate	D)	V					
6. Principal Office Address	<u> </u>	City	State	Zip			
1400 Pawtucke	- Λυρ	Rumford	RI	02916			
7. List ALL officers (names and add		•	k the box to indicate				
President Name	leman	Vice-President Name Gary Decosto					
Street Address 80 Junipe	r Ave	Street Address	ST				
Attle boro	State Zip Da 703	East Providence	State	Zip 62914			
Secretary Name Tudith Bens		Treasurer Name LOIS Bailey					
Street Address		Street Address Pleas a		tot ZE			
Riverside	State Zip 02915	CityRumford	State RI	21p 02916			
Check the box to indicate an attachment							
Director Name Alan Soul 16	er p	Director Name William Sim	asan	<u> </u>			
Street Address 20 Roma	3T	Street Address 424 Willisto	V				
City East Providence	State RI Dag14	City Pawtick et	State	Zip 02861			
Director Name	Melo	Director Name	 				
Street Address 74 Forth S		Street Address					
East Providence	State RI Zip 02914	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, Socretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Repres	sentative		Date				
Judith Be	enson		May 13	2022			
Signature of Officer/Authorized Representative							
Judith Benson							

MAIL TO:

Division of Business Services

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

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