



Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 03 2023

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FOR SECRETARY OF STATE
 DIVISION

1. Entity ID Number 000029106		2. Exact name of the Corporation Pascoag Community Baptist Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 81310					
6. Principal Office Address 111 Church St.			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Rev. Bryan Speroni, pastor			Vice-President Name Stephen Bailey, moderator		
Street Address 109 Church St.			Street Address 80 E. Wallum Lake Rd.		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Kathie Clemence, clerk			Treasurer Name Sharon Fitzgerald		
Street Address 31 Paine Rd.			Street Address 143 Martin Rd.		
City Chepachet	State RI	Zip 02814	City Douglas	State MA	Zip 01516
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Mark Clemence, deacon			Director Name Roger LaCroix, deacon		
Street Address 31 Paine Rd.			Street Address 44 Erin Ln.		
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
Director Name Gerald Labbe, deacon			Director Name Steven Pierce, deacon		
Street Address 485 Cherry Farm Rd.			Street Address 1240 Quaker St.		
City Harrisville	State RI	Zip 02830	City Northbridge	State MA	Zip 01534
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 Rev. Bryan Speroni				Date 02/01/2023	
Signature of Officer/Authorized Representative <i>Rev. Bryan Speroni</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov

Roger Nadeau
31 Tourtellot Hill Rd.
Chepachet, RI 02814

Thomas Trimble
26 Alice Ave.
Oakland, RI 02858

Royce Fitzgerald
143 Martin Rd.
Douglas, MA 01516