



FILED

Annual Report for the year: 2023
 Non-Profit Corporation _____

FEB 15 2023
 BY 2291 *ky*

- 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 000027366		2. Exact name of the Corporation Foster Centre Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Worship and Christian Education			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 185 Howard Hill Road			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dianne Jordan			Vice-President Name none		
Street Address 11 Calvin French Road			Street Address none		
City Sterling	State CT	Zip 06377	City none	State none	Zip none
Secretary Name Dorothy Shippee			Treasurer Name Thomas Walden		
Street Address 186 Hartford Pike			Street Address 103 Central Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
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 Faith Jacobson			Director Name Roy Shippee		
Street Address 57 Knotty Oak Road			Street Address 186 Hartford Pike		
City Coventry	State RI	Zip 02816	City Foster	State RI	Zip 02825
Director Name Thomas Walden			Director Name		
Street Address 103 Central Pike			Street Address		
City Foster	State RI	Zip 02825Dr	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Dorothy Shippee				Date February 1 2023	
Signature of Officer/Authorized Representative <i>Dorothy Shippee</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615