RI SOS Filing Number: 202328749360 Date: 2/15/2023 4:00:00 PM State of Rhode Island

Department of State - Business Services Division

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

FILED

FEB 15 2023

-> Filing period February 1 - May 1

→ Filing Fee \$20.00

→ Penalty Additional \$25 00 fee if form is not filed by May 31.

1 Entitle ID No ask	T =				——————————————————————————————————————	
1. Entity ID Number	2. Exact name of the Corporation					
000140973	First Baptist Church in the Town of Bristol					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
L.\	Saving ଓouls					
4. NAICS Code	I					
813110 - Religious Organizations						
6. Principal Office Address	JBW C	102	13n3to1	State 2.\	02209	
7. List ALL officers (names and add	iresses)	_		heck the box to indica	ate an attachment	
President Name Christo	_ (his sto prove A. Goven Un			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 Jackie O'Brien			Treasurer Name Artin Taskin			
Street Address 11 Belcourt Avenue			Street Address 7 Timberland Drive			
^{City} Bristol	State R. I.	^{Z₁p} 02809	^{City} Lincoln	State R. I.	^{Zip} 02865	
8. List ALL directors (names and ad	ldresses). RI Corp	porations MUST lis		neck the box to indica	ite an attachment	
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.	Z _{ip} 02852	
			Director Name Thomas Gallagher			
Street Address 868 Hope Street			Street Address 22 Shaw's Lane			
^{City} Bristol	State R. I.	^{Zip} 02809	City Bristol	State R. I.	Z _{ip} 02809	
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 statements, and that all statemen	e and affirm that	I have examined	this report, including any accon			
This report must be signed by either the President				lative Receiver or Trusti	ee	
Name of Officer/Authorized Represe Leonard P. Sanford III, Tru		Date February 13th, 2023				
Signature of Officer/Authorized Repr		· 			ətri, 2023	
Learned P. Sony	•		v			

MAIL TO:

Division of Business Services

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

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