



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000029922

**2. Name of Corporation** Tabernacle Baptist Church

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813110

**4. Principal Office Address**

No. and Street: 429 ALGONQUIN DRIVE

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

WORSHIP, STUDY, AND BENEVOLENCE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	MICHAEL MERCIER	182 SEVEN MILE ROAD HOPE, RI 02831 USA
TREASURER	NATALIE J NEILSON	429 ALGONQUIN DRIVE WARWICK, RI 02888 USA
DIRECTOR	STEVEN KLEIN	70 HOPE ROAD HOPE, RI 02831 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATALIE NEILSON 182 SEVEN MILE ROAD HOPE , RI 02831

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 18 Day of April, 2023 at 11:08:16 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NATALIE NEILSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved