



State of Rhode Island

Department of State - Business Services Division

FILED

APR 28 2023  
BY 6328  
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Annual Report for the year: 2023  
Non-Profit Corporation

- 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 <b>27179</b>		2. Exact name of the Corporation <b>First Baptist Church in East Providence</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Worship and Religious Instruction</b>			
4. NAICS Code <b>813110 Religious Organi</b>					
6. Principal Office Address <b>1400 Pawtucket Ave</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gary Coleman</b>			Vice-President Name <b>Gary DeCosta</b>		
Street Address <b>80 Juniper Ave</b>			Street Address <b>17 Wayland St</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Judith Benson</b>			Treasurer Name <b>Lois Bailey</b>		
Street Address <b>17 Somerset Ave</b>			Street Address <b>369 Pleasant St</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alan Souliere</b>			Director Name <b>William Simpson</b>		
Street Address <b>20 Roma St</b>			Street Address <b>426 Williston Way</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Director Name <b>Tino Santos</b>			Director Name		
Street Address <b>24 Arbor St</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Judith Benson</b>				Date <b>April 26, 2023</b>	
Signature of Officer/Authorized Representative <i>Judith Benson</i>					