



State of Rhode Island
Department of State - Business Services Division

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 172497		2. Exact name of the Corporation The Chestnut Hill Baptist Church in Exeter RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address P.O. Box 69			City Exeter	State RI	Zip 02822
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Trustee, Chairman Joseph Schindler			Vice President Name Trustee David Hart		
Street Address 239 Phillips St.			Street Address 230 Austin Farm Rd.		
City North Kingstown	State RI	Zip 02852	City Exeter	State RI	Zip 02822
Secretary Name Kim-Marie Trimmer			Treasurer Name Marvin Pelser		
Street Address 101 Kingston Rd			Street Address 17 Locust Valley Rd.		
City Wyoming	State RI	Zip 02898	City Exeter	State RI	Zip 02822
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 Donald Dorson			Director Name Timothy Tarbox		
Street Address 550 Gardiner Rd			Street Address 17 Holloway Dr.		
City West Kingston	State RI	Zip 02892	City Covestry	State RI	Zip 02816
Director Name Joseph Wilbur			Director Name		
Street Address 25 Flynn Terrace			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
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.					
<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 Marvin Pelser					Date 5/22/23
Signature of Officer/Authorized Representative <i>Marvin Pelser</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 30 2023
BY 2253

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