



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.

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6093 OR

1. Entity ID Number 000031203		2. Exact name of the Corporation The Shannock Baptist Church, Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious ministry and worship			
4. NAICS Code 813110					
6. Principal Office Address 1632 Shannock Road			City Shannock	State RI	Zip 02875
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin Mansfield			Vice-President Name Stephen Beauregard		
Street Address 1632 Shannock Road			Street Address 25 Arrowhead Lane		
City Shannock	State RI	Zip 02875	City West Greenwich	State RI	Zip 02817
Secretary Name Karen Palmisano			Treasurer Name Stephen Beauregard		
Street Address 120 Old Rose Hill Road			Street Address 25 Arrowhead Lane		
City Wakefield	State RI	Zip 02879	City West Greenwich	State RI	Zip 02817
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 Frank Kunc			Director Name Robert Johnson		
Street Address 52 Robin Hollow Road			Street Address 277 Providence/New London Turnpike		
City Westerly	State RI	Zip 02891	City North Stonington	State CT	Zip 06359
Director Name Jon Palmisano			Director Name		
Street Address 120 Old Rose Hill Road			Street Address		
City Wakefield	State RI	Zip 02879	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 Stephen Beauregard				Date 7/3/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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