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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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. Entry ID Number <u>000027845</u>		2. Exact name of the Corporation <u>Georgiaville Baptist Church</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious Organization</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>100 Farnum Pike</u>		City <u>Smithfield</u>	State <u>RI</u>
		Zip <u>02917</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Barbara Ricci</u>		Vice-President Name <u>Sheri Vieira</u>	
Street Address <u>105 Nicole Circle</u>		Street Address <u>212 Farnum Pike</u>	
City <u>Smithfield</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02917</u>		Zip <u>02917</u>	
Secretary Name <u>Sandra Kelly</u>		Treasurer Name <u>Karen Romanelli</u>	
Street Address <u>395 Rockland Road</u>		Street Address <u>267 Old County Road</u>	
City <u>No. Scituate</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02857</u>		Zip <u>02917</u>	
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 <u>Donna Pratt</u>		Director Name <u>Sharon Pratt</u>	
Street Address <u>19 Woodridge Rd</u>		Street Address <u>76 Wolf Hill Rd.</u>	
City <u>Mapleville</u>	State <u>RI</u>	City <u>Smithfield</u>	State <u>RI</u>
Zip <u>02839</u>		Zip <u>02917</u>	
Director Name <u>Becky Dorgan</u>		Director Name	
Street Address <u>PO Box 136</u>		Street Address	
City <u>Chepachet</u>	State <u>RI</u>	City	State
Zip <u>02814</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. <input checked="" type="checkbox"/>			
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 <u>Barbara E Ricci PRES</u>			Date <u>2/5/2024</u>
Signature of Officer/Authorized Representative <u>Barbara E. Ricci</u>			<u>M3 FILED 924</u>

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

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BY RJYIS