



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

MAR 07 2024

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**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. Entity ID Number <u>000027366</u>		2. Exact name of the Corporation <u>Foster Centre Baptist Church</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Worship and Christian Education</u>			
4. NAICS Code <u>813110 - Religions - Organization</u>					
6. Principal Office Address <u>185 Howard Hill Road</u>			City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Dianne Jordan</u>			Vice-President Name <u>none</u>		
Street Address <u>11 Calvin French Road</u>			Street Address <u>none</u>		
City <u>Sterling</u>	State <u>CT</u>	Zip <u>06377</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
Secretary Name <u>Dorothy Shippee</u>			Treasurer Name <u>Thomas Walden</u>		
Street Address <u>186 Hartford Pike</u>			Street Address <u>103 Central Pike</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
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 <u>Faith Jacobson</u>			Director Name <u>Roy Shippee</u>		
Street Address <u>57 Knotty Oak Rd</u>			Street Address <u>186 Hartford Pike</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
Director Name <u>Thomas Walden</u>			Director Name		
Street Address <u>103 Central Pike</u>			Street Address		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	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 <u>Dorothy Shippee, Secretary</u>				Date <u>March 2, 2024</u>	
Signature of Officer/Authorized Representative					