



State of Rhode Island
Department of State - Business Services Division

FILED

APR 03 2024

BY [Signature]
QA

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>27179</u>		2. Exact name of the Corporation <u>FIRST BAPTIST CHURCH IN EAST PROVIDENCE</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>WORSHIP AND RELIGIOUS INSTRUCTION</u>			
4. NAICS Code <u>81310 RELIGIOUS</u>					
6. Principal Office Address <u>1400 PAWTUCKET AVE</u>		City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>GARY COLEMAN</u>			Vice-President Name <u>ALAN SOULIERE</u>		
Street Address <u>80 JUNIPER AVE</u>			Street Address <u>20 ROMA ST</u>		
City <u>ATTLEBORO</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>
Secretary Name <u>JUDITH BENSON</u>			Treasurer Name <u>LOIS BAILEY</u>		
Street Address <u>17 SOMERSET AVE</u>			Street Address <u>369 PLEASANT ST</u>		
City <u>RIVERSIDE</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</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>WILLIAM SIMPSON</u>			Director Name <u>SCOTT ROUNDS</u>		
Street Address <u>426 WILLISTON WAY</u>			Street Address <u>56 ATWOOD AVE.</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>TINO SANTOS</u>			Director Name		
Street Address <u>24 ARBOR ST</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	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.					
<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>Judith BENSON</u>				Date <u>APRIL 1, 2024</u>	
Signature of Officer/Authorized Representative <u>Judith Benson</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