



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 487792		2. Exact name of the Corporation The Greater Fellowship Baptist Association of Rhode Island and Vicinity	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association of Baptist Churches that foster missional and evangelical endeavors.	
5. Principal office address 50 Dr. Marcus F. Wheatland Blvd		City Newport	State R.I.
		Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☒			
President Name Vincent L. Thompson		Vice-President Name Matthew Kai	
Street Address 27 De Wolf Avenue		Street Address 134 Bridgham Street	
City Bristol	State R.I.	City Providence	State R.I.
Zip 02809		Zip 02907	
Secretary Name Edna Wells		Treasurer Name Henry M. Coleman	
Street Address 49 Garfield Street		Street Address 15 Buckboard Drive	
City Newport	State R.I.	City Cumberland	State R.I.
Zip 02840		Zip 02864	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐ RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS			
Director Name Joshua McClure		Director Name Mary Blackwell	
Street Address 34 Foxbriar Rd		Street Address 9 Chaucer Street	
City Bradford	State R.I.	City Providence	State R.I.
Zip 02808		Zip 02908	
Director Name Gartoun George		Director Name Carl H. Balark Jr.	
Street Address 7 Eliza Street		Street Address 112 Elwyn Street	
City Providence	State R.I.	City Cranston	State R.I.
Zip 02909		Zip 02920	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 26 2013

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.

By **49-202588**

A.A.

Signature of Officer

Date

Dr. Vincent L. Thompson

Print or Type Name of Officer

President / Moderator

7/21/13

File Date
Check No
By
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