



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 30627		2. Exact name of the Corporation UNITED FIRST BAPTIST CHURCH OF JESUS CHRIST			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS ORGANIZATION			
5. Principal office address 190 CAMP ST			City PROVIDENCE	State R.I.	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NAOMI BROWN			Vice-President Name SAMUEL HECTOR		
Street Address 158 DOYLE AVE			Street Address 7 FOREST ST		
City PROVIDENCE	State R.I.	Zip 02906	City PROVIDENCE	State R.I.	Zip 02906
Secretary Name BARBARA SANTOS			Treasurer Name NAOMI BROWN		
Street Address 105 RESERVOIR AVE			Street Address 158 DOYLE AVE		
City PAWTUCKET	State R.I.	Zip 02860	City PROVIDENCE	State R.I.	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROSEMARY SANTOS			Director Name CLAUDE JEFFERIES		
Street Address 105 RESERVOIR AVE			Street Address 1185 MARRAGANSET BLVD		
City PAWTUCKET	State R.I.	Zip 02860	City CRANSTON	State R.I.	Zip 02905
Director Name ANNIE PARKMAN			Director Name		
Street Address 50 PRARIE AVE APT 513			Street Address		
City PROVIDENCE	State R.I.	Zip 02905	City	State	Zip

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, duly Authorized Representative, Receiver or Trustee

File Date _____

FILED

Check No _____

APR 27 2015

By: _____

FOR SECRETARY OF STATE USE ONLY **BY** CA 247661

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.

Naomi A. Brown **4-27-15**
 Signature of Officer or Authorized Representative Date

NAOMI A. BROWN
 Print or Type Name of Officer or Authorized Representative

2015 APR 27 AM 9:24
 SECRETARY OF STATE
 CORPORATIONS DIV