



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. 52668	2. Exact name of the Corporation SHELDON STREET CHURCH		
3. State of Incorporation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island RELIGIOUS MISSIONS		
5. Principal office address 51 Sheldon ST.		City PROVIDENCE	State RI
		Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name VERA WILSON		Vice-President Name JACQUELINE WOODS	
Street Address 48 FIRGLADE AVE		Street Address 34 MYSTIC ST.	
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE
			State RI
			Zip 02905
Secretary Name MARSHA SMITH		Treasurer Name SYLVIA WILSON	
Street Address 86 CORINTH ST.		Street Address 871 HOPE ST.	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
			State RI
			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 ALLEN WHITE		Director Name RAYMOND THOMPSON	
Street Address 20 HILLSIDE DR.		Street Address 29 MELISSA ST.	
City WARWICK	State RI	Zip 02889	City PROVIDENCE
			State RI
			Zip 02909
Director Name EARL ARCHIBALD		Director Name JOYCE O'CONNOR	
Street Address 176 FIFTH ST.		Street Address 105 GALLUP ST.	
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE
			State RI
			Zip 02905
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
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

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.

Sylvia Wilson 2/24/16
Signature of Officer or Authorized Representative Date

SYLVIA WILSON
Print or Type Name of Officer or Authorized Representative