RI SOS Filing Number: 201600872530 Date: 06/20/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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2016 JUN 20 PM 2:34

Non-Profit Corporation Annual Report for the year: 2016
Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
487792	Greater Fellowship Baptist Association of RI & Vicinity
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Religious

5. Principal Office Address	City	State	Zip
134 Bridgham Street	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Rev. Matthew N. Kai	Vice-President Name: Rev. Mallory Davis		
Street Address: 134 Clay Street	Street Address: 133 Alston Street		
City: Pawtucket / State: RI / Zip: 02860	City: Providence / State: RI / Zip: 02908		
Secretary Name: Jaun Sanderson	Treasurer Name: Felecia Togba		
Street Address: 13 Arrowhead Drive	Street Address: 88 Terrace Avenue		
City: Buzzards Bay / State: MA / Zip: 02532	City: Pawtucket / State: RI / Zip: 02860		

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Rev. Carl H. Ballard, Jr	Director Name: Rev. Dr. Vincent Thompson		
Street Address: 475 Cranston Street	Street Address: 50 Dr. Marcus Wheatland Drive		
City: Providence / State: RI / Zip: 02907	City: Newport / State: RI / Zip: 02840		
Director Name: Rev. Ernest Ward	Director Name: Min. Ezekiel Solee		
Street Address: 76 Pettay Street	Street Address: 378 Cranston Street		
City: Providence / State: RI / Zip: 02909	City: Providence / State: RI / Zip: 02907		

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.

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

Name of Officer/Authorized Representative	Date
Rev. Matthew N. Kai	

Signature of Officer/Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
JUN 20 2016
BY 277125

Form No. 631
Revised: 2016
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