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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	To Event nom			1,541			
29611		2. Exact name of the Corporation					
		People's Baptist Church					
3. State of Incorporation	4. Brief descri	4. Brief description of the character of business conducted in Rhode Island					
RI	Religious services						
5. Principal Office Address		City	State	Zip			
1275 Elmwood Avenue		Cranston	RI	02907			
6. List ALL officers (names and a					idicate an attachment		
President Name Bradley Johnson		Vice-President Name Harry Wadsworth					
Street Address 62 Glenwood Drive			Street Address 4 Fairlawn Street				
^{City} Warwick	State RI	^{Zip} 02889	City Cranston	State RI	^{Zip} 02910		
Secretary Name Pauline Dorsey		Treasurer Name Anne Burdick					
Street Address 62 Guild Avenue		Street Address 40 Mashuena Drive					
City Warwick	State RI	^{Zip} 02889	City Warwick	State RI	^{Zip} 02888		
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Dr. King Odell		Director Name Oswald Prosser					
Street Address 413 Atlantic Avenue		Street Address 993 Manton Avenue					
^{City} Warwick	State RI	^{Zip} 02888	City Providence	State RI	^{Zip} 02909		
Director Name Sandra Pastore		Director Name Linda Lowe					
Street Address 111 Grace Street		Street Address 2 Botka Drive					
^{City} Cranston	State RI	^{Zip} 02910	^{City} Charlestown	State RI	^{Zip} 02813		
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	Date			
Anne Burdick/Treasurer							
Signature of Officer/Authorized Representative SEGN DOCUMENTED BYS							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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