



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 45504		2. Exact name of the Corporation Olney Street Baptist Church	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church	
5. Principal Office Address 100 Olney Street		City Providence	State RI
		Zip 02906	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Dr. Johnny M. Wilson, Jr.		Vice-President Name N/A	
Street Address 100 Olney Street		Street Address	
City Providence	State RI	Zip 02906	
Secretary Name Ann M. McGloshen		Treasurer Name Charlene Simmons	
Street Address 148 Federal Street		Street Address 78 Henrietta Street	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02904
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dorothy Henley		Director Name Carolyn Addison	
Street Address 5 Harris Avenue		Street Address 131 Camp Street	
City Warwick	State RI	Zip 02889	City Providence
			State RI
			Zip 02906
Director Name Andre' Williams		Director Name Edward Roberts, III	
Street Address 137 Estrell Drive		Street Address 198 Dexter Street	
City East Providence	State RI	Zip 02915	City Attleboro
			State MA
			Zip 02703
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Bettye J. Clanton			Date June 21, 2016
Signature of Officer/Authorized Representative <i>Bettye J. Clanton</i> SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
 JUL 08 2016 16586
 BY IQ