RI SOS Filing Number: 201601960100 Date: 07/13/2016 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

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
52608	SHELDON STREET CHURCH
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	RELIGION

5. Principal Office Address	City	State	Zip
51 SHELDON ST.	PROVIDENCE	RI	02906

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

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). RI Corporations MUST list at least THREE directors.
Check the box to indicate an attachment ☐

Director Name: RAYMOND THOMPSON			Director Name: ALLEN WHITE		
Street Address: 29 MELISSA ST.			Street Address: 20 HILLSIDE DRIVE		
City: PROVIDENCE	State: RI	Zip: 02909	City: WARWICK	State: RI	Zip: 02889
Director Name: EARL ARCHIBALD			Director Name		
Street Address: 176 FIFTH ST.			Street Address		
City: PROVIDENCE	State: RI	Zip: 02906	City	State	Zip

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
SYLVIA WILSON	7/11/16

Signature of Officer/Authorized Representative: Sylvia E. Wilson

FILED
JUL 13 2016
BY VL 7177

Form No. 631
Revised 2016
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