



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000093241

2. Name of Corporation PROVIDENCE BAPTIST CHURCH

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 DUKE STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ESTABLISHING AND PROMOTING A CHURCH AND TO MAINTAIN A PLACE OF WORSHIP.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PATRICIA SOKOLL	62 ROME AVE PROVIDENCE, RI 02908 USA
SECRETARY	LARRY HOFF	384 PINE ST PROVIDENCE, RI 02903 USA

PRESIDENT	MICHAEL W SOKOLL	62 ROME AVENUE PROVIDENCE, RI 02908- USA
VICE-PRESIDENT	FRANK DANIELS	23 HANDY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	ALICE BROWN	12 HUGO ST PROVIDENCE, RI 02904 USA
DIRECTOR	ADEROJU ADEKITAN	34 BRIDGHAM ST PROVIDENCE, RI 02907 USA
DIRECTOR	THOMAS OGADA	755 ATWELLS AVE PROVIDENCE, RI 02909 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PASTOR MICHAEL SOKOLL 40 DUKE STREET PROVIDENCE , RI 02908

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

Signed this 20 Day of July, 2016 at 2:21:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL SOKOLL
Signature of Authorized Person

Form No. 631
Revised 09/07

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