

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 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 29611		2. Exact name of the Corporation PEOPLE'S BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES			
4. NAICS Code 813110					
6. Principal Office Address 1275 ELMWOOD AVE.			City CRANSTON	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. KING ODELL			Vice-President Name HARRY WADSWORTH		
Street Address 413 ATLANTIC AVE.			Street Address 4 FAIRLAWN AVE.		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02910
Secretary Name SANDRA PASTORE			Treasurer Name ANNE BURDICK		
Street Address 111 GRACE ST.			Street Address 17 CRAIG ST.		
City CRANSTON	State RI	Zip 02910	City CHARLESTOWN	State RI	Zip 02813
8. 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 LINDA LOWE			Director Name PAULINE DORSEY		
Street Address 2 BOTHA DRIVE			Street Address 62 GUILD AVE.		
City CHARLESTOWN	State RI	Zip 02813	City WARWICK	State RI	Zip 02889
Director Name OSWALD PROSSER			Director Name BRADLEY JOHNSON		
Street Address 993 MANTON AVE.			Street Address 62 GLENWOOD DRIVE		
City PROVIDENCE	State RI	Zip 02909	City WARWICK	State RI	Zip 02889
9. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative DR. KING ODELL (PRESIDENT)					Date JUNE 6, 2017
Signature of Officer/Authorized Representative Dr. King Odell					

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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JUN 14 2017

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