



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.

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1. Entity ID Number 487792		2. Exact name of the Corporation Greater Fellowship Baptist Association of RI + Vicinity	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious	
4. NAICS Code 624190			
6. Principal Office Address 134 Bridgman Street		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Matthew N. Kai		Vice-President Name Rev. Mallory Davis	
Street Address 134 Clay Street		Street Address 133 Allison Street	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Secretary Name Ezekiel Soles		Treasurer Name Karen E. Robinson	
Street Address 54 East Street		Street Address 196 Old River Rd 7B East	
City Pawtucket	State RI	City Lincoln	State RI
Zip 02860		Zip 02865	
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 Rev. Dr. Carl H. Balcerk, Jr.		Director Name Rev. Dr. Vincent Thompson	
Street Address 475 Cranston Street		Street Address 50 Dr. Martin Luther King Drive	
City Providence	State RI	City Newport	State RI
Zip 02907		Zip 02840	
Director Name Rev. Dr. Ernest Ward		Director Name	
Street Address 76 Petty Street		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
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.			
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 Rev. Matthew N. Kai			Date 6/26/17
Signature of Officer/Authorized Representative			

FILED

JUN 26 2017
BY **306873**