RI SOS Filing Number: 201859068720 Date: 2/23/2018 4:00:00 PM

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	2. Exact name of the Corporation
000052668	**Sheldon Street Church**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: **By virtue of its historic associations Sheldon Street Church is afdiliated with both the American Baptist Churches of Rhode Island , and with the Rhode Island conference of the United Baptist Church of Christ. These associations extend to the American Baptist Churches of the United States of America and to the United Church of Christ as national bodies**
4. NAICS Code: 81310	

6. Principal Office Address	City	State	Zip
51 Sheldon Street	**Providence**	**RI**	**02906**

7. 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 Street**		
City: **Providence**	State: **RI**	Zip: **02907**	City: **Providence**	State: **RI**	Zip: **02907**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Rev. Dr.Charles A. Smith**			Director Name: **Raymond Thompson**		
Street Address: **303 Greenwich Ave.**			Street Address: **29 Melissa St.**		
City: **Warwick**	State: **RI**	Zip: **02886**	City: **Providence**	State: **RI**	Zip: **02909**
Director Name: **Vera Wilson**			Director Name:		
Street Address: **48 Firglade Avenue**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02906**	City:	State:	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	Date
Vera Wilson	**2/15/18**

Signature of Officer/Authorized Representative: Vera Wilson — SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY

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

FORM 631 - Revised: 11/2017