



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: \$30.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 0000052668		2. Exact name of the Corporation 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 affiliated 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 51 Sheldon Street		City Providence	State RI	Zip 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.				
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>				
Name of Officer/Authorized Representative Vera Wilson				Date 2/15/18
Signature of Officer/Authorized Representative <i>Vera Wilson</i>				

SIGN DOCUMENT HERE

FILED

FEB 23 2018

BY *811305*