State of Rhode Islandand Providence Plantations

Department of, tate - Business Services Division

Annual	Report for the	e sar.
Non-Pr	ofit Corporation	. •

2017

→ Filing period: June 1 -.ne 30
→ Filing Fee: \$2.2.20

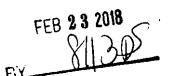
Penalty: Artitional \$25.00 fee if (form is not filed b	y July 30.						
1. Entity D Number 00/052668	2. Exact name of the Corporation Sheldon Street Church							
State of Incorporation NAICS Code	5. Brief description of the character of business conducted in Rhode Island By virture of its historic 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							
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 S	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 Repres		Date 2/15/18						
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE THE FO								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 631 - Revised: 11/2017