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

FILED
JUN 29 2018
BY 2501

Annual Report for the year: 2018
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
0000 29611	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	City	State	Zip
1275 ELMWOOD AVE.	CRANSTON	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DR. KING ODELL	HARRY WADSWORTH
Street Address: 418 ATLANTIC AVE	Street Address: 4 FAIRLAWN AVE.
City: WARWICK; State: RI; Zip: 02888	City: CRANSTON; State: RI; Zip: 02910 02926
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: CHARLES TOWN; State: RI; Zip:

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

Director Name	Director Name
PAULINE DORSEY	LINDA WADSWORTH
Street Address: 62 GUILD AVE	Street Address: 4 FAIRLAWN AVE
City: WARWICK; State: RI; Zip: 02889	City: CRANSTON; State: RI; Zip: 02910
Director Name: MARK LINDSAY	Director Name: OSWALD PROSSER
Street Address: 186 MAIN AVE	Street Address: 993 MANTON AVE
City: WARWICK; State: RI; Zip: 02886	City: PROVIDENCE; State: RI; Zip: 02909

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
DR. KING ODELL	6-23-18

Signature of Officer/Authorized Representative: Dr. King Odell

MAIL TO:
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Website: www.sos.ri.gov