

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

FILED

JUN 29 2018

Annual Report for the year: 2018
 Non-Profit Corporation

BY 2501

- 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 0000 29611		2. Exact name of the Corporation 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 1275 ELMWOOD AVE.			City CRANSTON	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. KING ODELL			Vice-President Name HARRY WADSWORTH		
Street Address 413 ATLANTIC AVE			Street Address 4 FAIRLAWN AVE.		
City WARWICK	State RI	Zip 02885	City CRANSTON	State RI	Zip 02910
Secretary Name SANDRA PASTOR			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 02910
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 PAULINE DORSEY			Director Name 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 DR. KING ODELL					Date 6-23-18
Signature of Officer/Authorized Representative <i>Dr. King Odell</i>					