



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

FILED

JUL 12 2019

OV

7V 4630

Annual Report for the year: 2019

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 26775		2 Exact name of the Corporation Immanuel Baptist Church			
3 State of Incorporation R.I.		5 Brief description of the character of business conducted in Rhode Island Preaching, Teaching, and Counseling from the Bible			
4 NAICS Code 813110 - Religious Organizati					
6 Principal Office Address 71 Green Street		City Pawtucket	State R.I.	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Frederick Bryden		Vice President Name Charles Ross			
Street Address 73 Green Street		Street Address 42 Angel Street			
City Pawtucket	State R.I.	Zip 02860	City East Providence	State R.I.	Zip 02914
Secretary Name Carole Williams		Treasurer Name Raymond E. Dupre			
Street Address 146 Smart Street		Street Address 14 Lanesboro Street			
City Providence	State R.I.	Zip 02904	City Pawtucket	State R.I.	Zip 02860
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 Norton Wright		Director Name Tino Santos			
Street Address 47 Edgeworth Street		Street Address 24 Arbor Street			
City Providence	State R.I.	Zip 02904	City Pawtucket	State R.I.	Zip 02860
Director Name John Williams		Director Name None			
Street Address 146 Smart Street		Street Address			
City Providence	State R.I.	Zip 02904	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 Raymond E. Dupre				Date 6/22/19	
Signature of Officer/Authorized Representative <i>Raymond E. Dupre</i>					