



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

FILED

JUL 12 2019

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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 Organization					
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>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov