



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:

2019

Non-Profit Corporation

2019 OCT 24 PM 3:00

2019 AUG 16 PM 1:40

→ 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 45504		2. Exact name of the Corporation Olney Street Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Weekly Sunday Morning Worship, midweek service music Rehearsals for Adults & Children			
4. NAICS Code 813110					
6. Principal Office Address 100 Olney Street		City Prov	State RI	Zip 02906	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Dr. Johnny M. Wilson, Jr		Vice-President Name Edward Roberts, Jr			
Street Address 100 Olney Street		Street Address 198 Pepper St			
City Prov	State RI	Zip 02906	City Attleboro	State MA	Zip 02703
Secretary Name Ann Mc Gloschen		Treasurer Name Charlene Simmons			
Street Address 148 Federal Street		Street Address 78 Henrietta Street			
City Prov	State RI	Zip 02903	City Prov	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Calvin Guyton		Director Name Idela Wilson			
Street Address 62 Orchard Street		Street Address 1890 Broad St., Apt. 118			
City E. Prov	State RI	Zip 02914	City Cranston	State RI	Zip 02905
Director Name Andre Williams		Director Name			
Street Address 137 Estrell Drive		Street Address			
City Riverside	State RI	Zip 02915	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 Representative Bettye J. Clanton				Date 8/16/19	
Signature of Officer/Authorized Representative Bettye J. Clanton					

FILED

OCT 24 2019

BY BQKMH