



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

Annual Report for the year:
Non-Profit Corporation

2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV
2020 MAR -5 PM 1:05

1. Entity ID Number 30565		2. Exact name of the Corporation Union Baptist Church, Pawtucket, RI 02860	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 81310			
6. Principal Office Address 50 Lupine St.		City Pawtucket	State RI Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Vivian Balcom		Vice-President Name Robert Hazard	
Street Address 333 Prospect St.		Street Address 30 Evergreen St.	
City Pawtucket	State RI Zip 02860	City Pawtucket	State RI Zip 02861
Secretary Name Mary Stanley		Treasurer Name Loretta Gonsalves	
Street Address 25 Benedict St.		Street Address 129 Cypress St 1 st Flr.	
City North Providence	State RI Zip 02904	City Providence	State RI Zip 02906
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 Sheila Jackson		Director Name Kolu Johnson	
Street Address 10 McCausland Avenue		Street Address 84 Minto St.	
City East Providence	State RI Zip 02914	City Providence	State RI Zip 02908
Director Name Bernice Blackwell		Director Name	
Street Address 309 Cahir Street		Street Address	
City Providence	State RI Zip 02903	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Kolu Johnson			Date 03/02/2020
Signature of Officer/Authorized Representative <i>Kolu Johnson</i>			FILED

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