State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JUN 17 2020
BY

Annual Report for the year: 2020
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	2. Exact name of the Corporation
000030565	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: 813110	

6. Principal Office Address	City	State	Zip
50 Lupine St.	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vivian Balcom
Street Address	333 Prospect St
City / State / Zip	Pawtucket / RI / 02860

Vice-President Name	Robert Hazard
Street Address	30 Evergreen St.
City / State / Zip	Pawtucket / RI / 02861

Secretary Name	Mary Stanley
Street Address	25 Benedict St.
City / State / Zip	North Providence / RI / 02904

Treasurer Name	Loretta Gonsalves
Street Address	129 Cypress St. 1st Floor
City / State / Zip	Providence / RI / 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Sheila Jackson
Street Address	10 McCausland Ave
City / State / Zip	East Providence / RI / 02914

Director Name	Kolu Johnson
Street Address	84 Minto St.
City / State / Zip	Providence / RI / 02908

Director Name	Bernice Blackwell
Street Address	309 Cahir St.
City / State / Zip	Providence / RI / 02903

Director Name	
Street Address	
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	Date
Kolu Johnson	06/15/2020

Signature of Officer/Authorized Representative: Kolu Johnson

MAIL TO:
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