



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number <u>H5504</u>		2. Exact name of the Corporation <u>Olney Street Baptist Church</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Weekly Sunday worship, mid-week service, Weekly music rehearsals (Adults + Children)</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>100 Olney Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Dr. Rev. Vincent Thompson, Jr</u>		Vice-President Name <u>Edward Roberts, Jr</u>	
Street Address <u>27 DeWolfe Drive</u>		Street Address <u>198 Dexter Street</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Attleboro</u>	State <u>MA</u>
Zip <u>02809</u>		Zip <u>02703</u>	
Secretary Name <u>Ann McGlothen</u>		Treasurer Name <u>Charlene Simmons</u>	
Street Address <u>148 Federal Street</u>		Street Address <u>78 Henrietta Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Calvin Guyton</u>		Director Name <u>Edela Wilson</u>	
Street Address <u>162 Orchard Street</u>		Street Address <u>180 Broad St, Apt 118</u>	
City <u>E. Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02905</u>	
Director Name <u>Tondalay Brown</u>		Director Name	
Street Address <u>45 Hillwood Street</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02920</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Sharon Ottey</u>			Date <u>6-11-21</u>
Signature of Officer/Authorized Representative <u>Sharon Ottey</u>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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