RI SOS Filing Number: 202107128470 Date: 12/15/2021 10:12:00 AM

State of Rhode Island

Department of State - Business Services Division

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2021 DEC 15 A 10:11

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.

1. Entity ID Number	2. Exact name of the Corporation
000561744	Grace Baptist Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Proclaim the gospel of Jesus-Christ and teach the word of the living God.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
153 Regent Ave	Providence	RI	02908

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

President Name	Vice-President Name
Evens Jean-Baptiste	
Street Address: 94 Stearns Street	Street Address:
City: Pawtucket State: RI Zip: 02861	City: State: Zip:
Secretary Name: Yhose Cadet	**Treasurer Name:**
Street Address: 77 Meader St	Street Address:
City: Providence State: RI Zip: 02909	City: State: Zip:

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

Director Name	Director Name
Fritz Joseph	John Leon
Street Address: 60 Ash Street	Street Address: 5 Hold Pond Hill Rd
City: Providence State: RI Zip: 02860	City: N. Smithfield State: RI Zip: 02896
Director Name: Francette Jean-Baptiste	**Director Name:** Marlo Che Fils
Street Address: 94 Stearns Street	Street Address: 148 West Ave
City: Pawtucket State: RI Zip: 02861	City: Pawtucket State: RI Zip: 02860

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	Date
Evens Jean-Baptiste	12/13/21

Signature of Officer/Authorized Representative: Evens Jean-Baptiste

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BY DSDPF
10:12

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

FORM 631 - Revised: 08/2020