



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 121916		2. Exact name of the Corporation Mission Baptist Church of Holiness International			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Worship Service Resources, bible study fellowships.			
4. NAICS Code 831110					
6. Principal Office Address P.O. Box 2235 530 Broadway Suite 140 Pawtucket		City Pawtucket		State RI	Zip 02905
					02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. Enay Guillaume, Bishop			Vice-President Name Bishop Pierre Andre' Occius		
Street Address 29 Hooperfield Street			Street Address 10 North Glenway Ave		
City Providence	State RI	Zip 02909	City Randolph	State MA	Zip 02368
Secretary Name Bernette R. Guillaume			Treasurer Name Bruny Kelly		
Street Address 29 Hooperfield St			Street Address 170 Canton Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
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 Enay Guillaume			Director Name Bishop Pierre A. Occius		
Street Address 29 Hooperfield Street			Street Address 10 North Glenway Ave		
City Providence	State RI	Zip 02909	City Randolph	State MA	Zip 02368
Director Name Bruny Kelly			Director Name Bernette R. Guillaume		
Street Address 170 Canton Street			Street Address 29 Hooperfield Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative DR. Enay Guillaume, Bishop					Date 2/14/2024
Signature of Officer/Authorized Representative 					FILED

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

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