



State of Rhode Island  
Department of State - Business Services Division

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.

FEB 14 2024

10555

1. Entity ID Number 000029028		2. Exact name of the Corporation Church Of The Master (Baptist)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Normal activities of a Christian Church			
4. NAICS Code 813110					
6. Principal Office Address 15 Valley Street P. O. Box 3402		City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Mario Prata			Vice-President Name Thomas Kennedy		
Street Address 60 Franklin Road			Street Address 10 Evergreen Parkway		
City Foster	State RI	Zip 02825	City North Providence	State RI	Zip 02904
Secretary Name Iris M. Nicoll			Treasurer Name Mario Prata		
Street Address 156 Ophelia Street			Street Address 60 Franklin Road		
City Providence	State RI	Zip 02909	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Joyce Kennedy			Director Name Iris M. Nicoll		
Street Address 10 Evergreen Parkway			Street Address 156 Ophelia Street		
City North Providence	State RI	Zip 02904	City Providence	State RI	Zip 02909
Director Name Thomas Kennedy			Director Name		
Street Address 10 Evergreen Parkway			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 Iris M. Nicoll				Date 2-8-2024	
Signature of Officer/Authorized Representative Iris M. Nicoll					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov