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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.

1. Entity ID Number 93241		2. Exact name of the Corporation PROVIDENCE BAPTIST CHURCH	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		CHURCH SERVICES	
6. Principal Office Address 40 DUKE STREET		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Adolphus LARRY HOFF		Vice-President Name Adolphus LARRY HOFF	
Street Address 68 WEALTH AVENUE		Street Address 68 WEALTH AVENUE	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02908		Zip 02908	
Secretary Name William B. COOLEY III		Treasurer Name William B. COOLEY III	
Street Address 26 ASHMONT STREET		Street Address 26 ASHMONT STREET	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02905		Zip 02905	
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 Adolphus LARRY HOFF		Director Name ISAAC JAMES COLE	
Street Address 68 WEALTH AVENUE		Street Address 484 PRAIRIE AVENUE	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02905		Zip 02905	
Director Name William B. COOLEY III		Director Name NONE	
Street Address 26 ASHMONT STREET		Street Address /	
City PROVIDENCE	State R.I.	City /	State /
Zip 02905		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.			
<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 WILLIAM B. COOLEY III			Date 2/19/2024
Signature of Officer/Authorized Representative <i>Mr. William B. Cooley III</i>			FILED 1006

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

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