



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

MAY 02 2024

BY 20162

- 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 <u>45504</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 BIBLE STUDY, CHILDREN'S CHURCH SUNDAY SCHOOL</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>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>REV. CHRISTOPHER D. WILLIAMS</u>	Vice-President Name <u>BETTYE CLANTON</u>
Street Address <u>125 B GREW AVENUE</u>	Street Address <u>177 PLEASANT STREET</u>
City <u>ROSLINDALE</u> State <u>MA</u> Zip <u>02131</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>VICTORIA MAREE OLA</u>	Treasurer Name <u>CHARLENE SIMMONS</u>
Street Address <u>168 DOYLE AVENUE</u>	Street Address <u>78 HENRIETTA STREET</u>
City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02906</u>	City <u>PROVIDENCE</u> State <u>RI</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>MARY HENLEY</u>
Street Address <u>62 ORCHARD STREET</u>	Street Address <u>2 WILLIAM ELLERY PLACE</u>
City <u>EAST PROVIDENCE</u> State <u>RI</u> Zip <u>02914</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02904</u>
Director Name <u>CHARLES NOBLES, III</u>	Director Name
Street Address <u>9 FIELD SIDE DRIVE</u>	Street Address
City <u>CUMBERLAND</u> State <u>RI</u> Zip <u>02864</u>	City State 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>VICTORIA MAREE OLA</u>	Date <u>April 24, 2024</u>
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Signature of Officer/Authorized Representative
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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov