



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

REC'D RIDGS BSD
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1. Entity ID Number <u>121916</u>		2. Exact name of the Corporation <u>Mission Baptist Church of Holiness International</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Worship Service Resources, Bible Study Fellowship</u>	
4. NAICS Code <u>831110</u>			
6. Principal Office Address <u>546 Budlong Rd</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dr. Enay Guillaume, Bishop</u>		Vice-President Name <u>Bishop Pierre Andre' Occius</u>	
Street Address <u>11 Priscilla Avenue</u>		Street Address <u>10 North Glenway Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Randolph</u>	State <u>MA</u>
Zip <u>02909</u>		Zip <u>02368</u>	
Secretary Name <u>Bernette R. Guillaume</u>		Treasurer Name <u>Wilson Guillaume</u>	
Street Address <u>11 Priscilla Avenue</u>		Street Address <u>11 Priscilla Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
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 <u>Luma Noel</u>		Director Name <u>Carlina Jeanne Alceus</u>	
Street Address <u>737 Cranston Street, Apt 4</u>		Street Address <u>737 Cranston Street, Apt 4</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>Chrisla Alenard</u>		Director Name <u>Bernette R. Guillaume</u>	
Street Address <u>11 Priscilla Avenue</u>		Street Address <u>11 Priscilla Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
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>Dr. Enay Guillaume, Bishop</u>		FILED JAN 27 2025 BY <u>043 HA</u>	Date <u>01/27/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov