



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 RIDOS BSD
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1. Entity ID Number 001692336		2. Exact name of the Corporation WILLIAMS Global, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Religious construction, missionary work, Providing materials	
4. NAICS Code 813110			
6. Principal Office Address 15 Old Oak Ave		City CRANSTON	State RI Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name Jeffery A. WILLIAMS		Vice-President Name Lelani S. Williams	
Street Address 15 Old Oak Ave		Street Address 15 Old Oak Ave	
City CRANSTON	State RI	City CRANSTON	State RI Zip 02920
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Jeffery A. WILLIAMS		Director Name Jose Encarnacion	
Street Address 15 Old Oak Ave		Street Address 7 Lucian Street	
City CRANSTON	State RI	City Worcester	State MA Zip 01603
Director Name Lelani S. WILLIAMS		Director Name	
Street Address 15 Old Oak Ave		Street Address	
City CRANSTON	State RI	City	State
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 Jeffery A. WILLIAMS			Date 2/10/2025
Signature of Officer/Authorized Representative 			

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

FILED 11:28

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FORM 631- Revised 10/2023

BY YAYVE