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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 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 Lelanis S. Williams		
Street Address 15 Old Oak Ave		Street Address 15 Old Oak Ave		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	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 Lucan Street		
City CRANSTON	State RI	Zip 02920	City Worcester	State MA
Director Name Lelanis S. Williams		Director Name		
Street Address 15 Old Oak Ave		Street Address		
City CRANSTON	State RI	Zip 02920	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 11:25

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FORM 631- Revised: 01/2023

BY YANVZ