



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.

REC'D RIDG05 850
25 FEB 10 AM 11:22:11

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

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