REC'D RIDOS BSD
'25 FEB 10 AM11:22:05

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 construction, missionary work, Providing materials
4. NAICS Code: 813110	

6. Principal Office Address: 15 old oak ave	City: CRANSTON	State: RI	Zip: 02920

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

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	Zip: 02920		City: CRANSTON	State: RI	Zip: 02920	
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.
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	Zip: 02920		City: Worchester	State: MA	Zip: 01603	
Director Name: Lelani S. WILLIAMS				Director Name:			
Street Address: 15 old oak ave				Street Address:			
City: CRANSTON	State: RI	Zip: 02920		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: 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 11:23
FEB 10 2025
BY YAYUZ

FORM 631 - Revised: 01/2023