



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.

FILED

FEB 24 2025

BY

59920

1. Entity ID Number 26718		2. Exact name of the Corporation Ebenezer Baptist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Conducting Worship Services			
4. NAICS Code 813110					
6. Principal Office Address 475 Cranston Street		City Providence	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pastor Carl H Balark, Jr			Vice President Name Deacons Ministry Chair Anthony Bomba		
Street Address 112 Elwyn Street			Street Address 146 Don Ave.		
City Cranston	State RI	Zip 02920	City Rumford	State RI	Zip 02916
Secretary Name Tanya Smith			Treasurer Name Aldwyn C Reid		
Street Address 715 Pork Ave. Apt 1			Street Address 4 Frawley Street		
City Woonsocket	State RI	Zip 02895	City Warwick	State RI	Zip 02889
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 Trustee Ministry Chair Charles Holley			Director Name Trustee Ministry Secretary Darlene Cooper		
Street Address 33 Higgins Ave			Street Address 68 Dartmouth Ave.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
Director Name Finance Manager Darlene Cooper			Director Name		
Street Address 68 Dartmouth Ave.			Street Address		
City Providence	State RI	Zip 02907	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Aldwyn C Reid				Date 16 Feb 2025	
Signature of Officer/Authorized Representative Aldwyn C Reid					

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov