



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.

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1. Entity ID Number <u>93241</u>		2. Exact name of the Corporation <u>Providence Baptist Church</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church Services</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>40 Duke Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Adolphus Larry Hoff</u>		Vice-President Name <u>Adolphus Larry Hoff</u>			
Street Address <u>68 Wealth Avenue</u>		Street Address <u>68 wealth Avenue</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>William B. Cooley III</u>		Treasurer Name <u>William B. Cooley III</u>			
Street Address <u>26 Ashmont Street</u>		Street Address <u>26 Ashmont St</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
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 <u>Adolphus Larry Hoff</u>		Director Name <u>Isaac James cole</u>			
Street Address <u>68 Wealth Avenue</u>		Street Address <u>484 Prairie Avenue</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>William B. Cooley III</u>		Director Name <u>None</u>			
Street Address <u>26 Ashmont Street</u>		Street Address <u>/</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
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>William B. Cooley III</u>					Date <u>5/27/2025</u>
Signature of Officer/Authorized Representative <u>Mr. William B. Cooley III</u>					

FILED

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

MAY 27 2025
BY MAC JV
FORM 631- Revised: 12/2023