



State of Rhode Island
Department of State - Business Services Division

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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 487792		2. Exact name of the Corporation The Greater Fellowship Baptist Association of Rhode Island and Vicinity	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Association of Baptist churches to foster fellowship, missional and evangelical endeavors.	
4. NAICS Code 83110			
6. Principal Office Address 31 Pleasant St. 1F		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Mallory Davis		Vice-President Name Rev. Natasha Gordon	
Street Address 31 Pleasant St. 1F		Street Address 6 Sprague St.	
City Westerly	State RI	City Cumberland	State RI
Zip 02891		Zip 02806	
Secretary Name Ardena Fleming		Treasurer Name Edwina Lewis	
Street Address 109 Coit Ave.		Street Address 475 Cranston St.	
City W. Warwick	State RI	City Providence	State RI
Zip 02893		Zip 02907	
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 Rev. Carl H. Balare, Jr		Director Name Rev. Vincent L. Thompson, Jr	
Street Address 42 Elwyn St.		Street Address 27 Dewolf Ave.	
City Cranston	State RI	City Bristol	State RI
Zip 02920		Zip 02809	
Director Name Rev. Matthew Kai		Director Name	
Street Address 134 Bridgman St.		Street Address	
City Providence	State RI	City	State
Zip 02909		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 Natasha Gordon			Date 10/10/25
Signature of Officer/Authorized Representative <i>Natasha Gordon</i>			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

OCT 10 2025
BY Kgsmz
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