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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.

1. Entity ID Number	2. Exact name of the Corporation
487792	The Greater Fellowship Baptist Association of Rhode Island & 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: 813110	

6. Principal Office Address	City	State	Zip
31 Pleasant St. 1F	Westerly	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rev. Mallory Davis	Rev. Natasha Gordan
Street Address: 31 Pleasant St. 1F	Street Address: 10 Sprague St.
City: Westerly State: RI Zip: 02891	City: Cumberland State: RI Zip: 02864
Secretary Name: Ardena Fleming	**Treasurer Name:** Edwina Lewis
Street Address: 109 Coit Ave.	Street Address: 475 Cranston St.
City: W. Warwick State: RI Zip: 02893	City: Providence State: RI Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Rev. Carl H. Balark, Jr.	Rev. Vincent L. Thompson IV
Street Address: 112 Elwyn St.	Street Address: 27 Dewolf Ave.
City: Cranston State: RI Zip: 02920	City: Bristol State: RI Zip: 02809
Director Name: Rev. Matthew Kai	**Director Name:**
Street Address: 134 Bridgham St.	Street Address:
City: Providence State: RI Zip: 02908	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	FILED	Date
Natasha Gordan		10/10/25

Signature of Officer/Authorized Representative: Natasha Gordan

OCT 10 2025

BY

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

FORM 631- Revised 12/2023