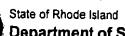
RI SOS Filing Number: 202212779330 Date: 3/8/2022 4:00:00 PM

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Department of State - Business Services Division

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Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

y . Strainy. Fractional \$25.00 fee if i	onn is not liked by .	iuly 30.			
1. Entity ID Number	2. Exact name of the Corporation				
45504	Olney Street Baptist Church				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island 11/00 VIII Cundo 14				
Rhyde Island	5. Brief description of the character of business conducted in Rhode Island Weekly Sunday Worship, Mid-Week Service, Weekly music Rehearsals (adult 4 Children)				
4. NAICS Code	Canal &	Chilaver)		
813110					
6. Principal Office Address	3 1		City	State	Zip
100 Olney Street			Providence	RI	02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment					cate an attachment
Dr. Rev. Vincent Thompson, Jr			Vice-President Name Edward Roberts, JY Street Address		
Street Address De Wolfe Drive			Street Address 98 Dexter Street		
City Brictal	State	Zip 02809	AHLEBOYO	State A	^{zip} 2703
Secretary Name Victoria	010	100-001	Treasurer Name	0	•
Street Address 168 Doyle Avenue			Street Address AR Henrietta Street		
city Providence	State —	Zip 02906	city Providence	State	Zip 02904
	idresses). RI Corp				02904-
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Linda Twyman			Director Name Tondalay Brown		
Street Address 183 Baker Street			Street Address 45 Hillwood Street		
City Providence	State K.T.	Zip 02905	Cranston	State	Zip (2)
Director Name / Cayles	Pobles	rtt	Director Name		100700
Street Address Fieldside Drive			Street Address		
Cumberland	State	Zip 02864	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				Date	
Sharon Ottey				1318	laa
Signature of Officer/Authorized Representative 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

FORM 631 - Revised: 08/2020