



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 07 2023

BY

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Annual Report for the year:
Non-Profit Corporation

2023

- 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 000029611		2. Exact name of the Corporation PEOPLE'S BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES			
4. NAICS Code 813110					
6. Principal Office Address 1275 ELMWOOD AVENUE			City CRANSTON	State RI	Zip 02907
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DR. KING ODELL, JR.			Vice-President Name HARRY WADSWORTH		
Street Address 4040 POST ROAD - UNIT 300			Street Address 4 FAIRLAWN AVE.		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02910
Secretary Name SANDRA PASTORE			Treasurer Name ANNE BURDICK		
Street Address 111 GRACE ST.			Street Address 17 CRAIG ST.		
City CRANSTON	State RI	Zip 02910	City CHARLESTOWN	State RI	Zip 02813
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 PAULINE DORSEY			Director Name GEORGE BREITER		
Street Address 62 GUILD AVE.			Street Address 186 MAIN AVE.		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02886
Director Name LINDA WADSWORTH			Director Name MARIE ALEXANDER		
Street Address 4 FAIRLAWN AVE.			Street Address 70 LINCOLN AVE.		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02920
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative DR. KING ODELL, JR. (PRESIDENT)				Date 2-5-23	
Signature of Officer/Authorized Representative King B. Odell, Jr.					

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