RI SOS	Filing Number: 202328390940	Date: 2/7/2023 4:00:00 PM

	State of Rhode Island
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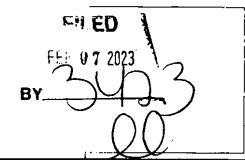
Department of State - Business Services Division

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		f the Corporation			· · · ·			
000029611	PROPE	u's BAP	TIST CHURCH					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RT.	RELIGIOUS SERVICES							
4. NAICS Code	1							
813110								
6. Principal Office Address	-		City	State	Zip			
1275 ELMWOOD AVENUE			CRANSTON	RI	02907			
7. List ALL officers (names and add	dresses)		Check the box to indicate an attachment					
President Name DR. KING DELL JER.			Vice-President Name HARRY WADS WORTH					
Street Address_			Street Address					
Street Address 4048 POST ROAD - UNIT 300 City State Zin			4 FAIRLAWN AYE.					
WARWICK	State アエ	Zip 02886	CRANSTON	State アピ	Zip 029/0			
Secretary Name			Treasurer Name		· · · · · · · · · · · · · · · · · · ·			
SANDRA PASTER	F		ANNE BURDICK					
Street Address GRACK ST.			Street Address 17 CRAIR ST					
CRANSTON	State RI	Zip 029/0	CHARLESTOWN	State 7	Zip 428/3			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name PAULINE DORSEY			Director Name GEORGE BREITER					
Street Address 62 GUILD AVE.			Street Address 186 MAIN AVE.					
CityWARWICK	State アエ	Zip 02889	City WARWICK	State アエ	Zip 0 1886			
Director Name			Director Name					
LINDA WADSWORTH			MARIE ALEKANDER					
Street Address 4 FA, RLAWN AVE, City State Zip			Street Address TO KINEGLY AVE					
City CRANSTON	State R	Zip 02910	City RANSVON	State	Zip 0 29 2 0			
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 aither the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative								
Signature of Officer/Authorized Representative					2-5-23			
Signature of Officer/Authorized Representative								
King B. Odell, J.								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov