



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2023  
Non-Profit Corporation

2023 MAY -2 P 12:05

- 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 <b>45504</b>		2. Exact name of the Corporation <b>Olney Street Baptist Church</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Weekly Sunday worship, mid-week service, weekly music rehearsal (adult + children)</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>100 Olney Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Reverend Christopher Williams</b>		Vice-President Name <b>Edward Roberts, Jr</b>			
Street Address <b>125 B Grow Ave</b>		Street Address <b>198 Dexter Street</b>			
City <b>Roslindale</b>	State <b>MA</b>	Zip <b>02131</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Secretary Name <b>Victoria Marea Ola</b>		Treasurer Name <b>Charlene Simmons</b>			
Street Address <b>168 Doyle Avenue</b>		Street Address <b>28 Henrietta Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Calvin O. Guyton</b>		Director Name <b>Tondalay Brown</b>			
Street Address <b>62 Orchard Street #2</b>		Street Address <b>145 Millwood Street</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Charles Nobles, III</b>		Director Name			
Street Address <b>9 Fieldside Drive</b>		Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Sharon Ottey</b>		<b>MAY 02 2023</b>		Date <b>4/24/23</b>	
Signature of Officer/Authorized Representative <i>Sharon Ottey</i>		<b>BY QZ9RT</b>			