



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 MAY 30 P 3:19

1. Entity ID Number 000030565		2. Exact name of the Corporation Union Baptist Church, Pawtucket, RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church Service			
4. NAICS Code 813110					
6. Principal Office Address 50 Lupine St		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Pres. Name Rev. Lee A. Williams		V.P. Name Deacon Ministry Dea. Robert Hazard			
Street Address 932 Park Ave #1PL		Street Address 301 Evergreen St			
City Woonsocket	State RI	Zip 02895	City Pawtucket	State RI	Zip 02861
Secretary Name Kolu Johnson		Treasurer Name Loretta Gon salves			
Street Address 84 Minto St.		Street Address 129 Cypress St #1PL			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
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 Betty Brown (Clerk)		Director Name Vivian Balcom (Trustee)			
Street Address 32 Sabin St		Street Address 40 Irving Ave Apt. 805			
City Pawtucket	State RI	Zip 02860	City East Providence	State RI	Zip 02914
Director Name Fin. Secretary Ovetta Crawford		Director Name Shelia Jackson			
Street Address 45 Lillian Ave		Street Address 10 Mc Causland Ave			
City Rumford	State RI	Zip 02916	City East Providence	State RI	Zip 02914
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 Lee A Williams				Date 5-30-23	
Signature of Officer/Authorized Representative <i>Lee A Williams</i>				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

MAY 30 2023

BY AL GANCIS

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