RI SOS Filing Number: 202449744150 Date: 3/28/2024 4:00:00 PM

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State of Rhode Island **Department of State - Business Services Division**

nnual Report for the year	: 2024
on-Profit Corporation	

Ion-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if f	······································	√ay 31.	į	37			
1. Entity ID Number 000029611	2. Exact name of the Corporation People's Baptist Church						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island Religious Services						
4. NAICS Code 813110							
6. Principal Office Address 1275 Elmwood Ave			City Cranston	State RI	Zip 02907		
7. List ALL officers (names and add	resses)		Check the	box to indicate an at	tachment		
President Name Dr. King Odell			Vice-President Name Harry Wadsworth				
Street Address 4040 Post Road Unit 300			Street Address 4 Fairlawn Street				
City Warwick	State RI	^{Zip} 02886	City Cranston	State RI	^Z 02910		
Secretary Name Pauline Dorsey			Treasurer Name Anne Burdick				
Street Address 62 Guild Ave			Street Address 17 Craig Street				
^{City} Warwick	State RI	^{Zip} 02889	City Charlestown	State RI	02813		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Matthew Dorsey			Director Name Linda Wadsworth				
Street Address 40 Sandy Lane			Street Address 4 Fairlawn Street				
^{City} Warwick	State RI	^{Zip} 02889	City Cranston	State RI	02910		
Director Name Sandra Pastore			Director Name Maria Alexander				
Street Address 100 Grace Street			Street Address 70 Lincoln Ave				
^{City} Cranston	State RI	^{Zip} 02910	City Cranston	State RI	Zip 02910		
9. The Registered Agent informatio	n of record with th	e 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							
Anne M Burdick Treasurer 3/24/2024							
Signature of Officer/Authorized Representative Ome M Budich							

MAIL TO:

Division of Business Services

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

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