



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2024  
Non-Profit Corporation

MAY 02 2024

BY 20102

- 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 <u>45504</u>		2. Exact name of the Corporation <u>OLNEY STREET BAPTIST CHURCH</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>WEEKLY SUNDAY WORSHIP BIBLE STUDY, CHILDREN'S CHURCH SUNDAY SCHOOL</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>100 OLNEY STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02906</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>REV. CHRISTOPHER D. WILLIAMS</u>		Vice-President Name <u>BETTYE CLANTON</u>	
Street Address <u>125 B GREW AVENUE</u>		Street Address <u>177 PLEASANT STREET</u>	
City <u>ROSLINDALE</u>	State <u>MA</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02131</u>		Zip <u>02906</u>	
Secretary Name <u>VICTORIA MAREE OLA</u>		Treasurer Name <u>CHARLENE SIMMONS</u>	
Street Address <u>168 DOYLE AVENUE</u>		Street Address <u>78 HENRIETTA STREET</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02904</u>	
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 <u>CALVIN GUYTON</u>		Director Name <u>MARY HENLEY</u>	
Street Address <u>62 ORCHARD STREET</u>		Street Address <u>2 WILLIAM ELLERY PLACE</u>	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02904</u>	
Director Name <u>CHARLES NOBLES, III</u>		Director Name	
Street Address <u>9 FIELDSIDE DRIVE</u>		Street Address	
City <u>CUMBERLAND</u>	State <u>RI</u>	City	State
Zip <u>02864</u>			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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>VICTORIA MAREE OLA</u>			Date <u>April 24, 2024</u>
Signature of Officer/Authorized Representative 			

MAIL TO:  
Division of Business Services  
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