

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 - Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

	oute of vitting ree: \$20.00 . Ithis report most be lived or Printed Legibli in SLACK INK.
* In accordance with RIG	L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a
The Millorian file to the file (1.1. C).	= 7-0-94; each to polation juiting of rejusing to jue its annual report within the time prescribed by law (R.I.G.L. 7-0-91) is subject to a
penalty fee of \$25,00.	

penauy jee oj \$25,00.							
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation					
28782	Mt. Zion Cl	Mt, Zion Church of God, Inc.					
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City Zip					
Rhode Island	375 Cahill	Street		Providence	02905		
5. Foreign corporation. En.	ter principal office addre	988	City	State	Zip		
6. Brief Description of the cha	aracter of the affairs whi	ch are actually conducted in A	thode Island				
CHURCH		·					
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
MEEK W. BROWN			WILLIE MCBRIDE	WILLIE MCBRIDE			
Street Address			Street Address				
237 RHODE STREE	Т		72 CROMWELL STI	REET			
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02905	PROVIDENCE	RI	02907		
Secretary Name ELLEN L. NEELY			Treasurer Name DANIEL BROWN				
Sireel Address 237 RHODE STREE	T	-	Street Address 180 BABCOCK STR	EET			
City	State _t :	Zip	Сйу	State	Zip		
PROVIDENCE	RI	02905	PROVIDENCE'	RI	02905		
8. NAMES AND ADDRI	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS		
THE NUMBER OF DIR	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	OT BE LESS THAN THR	EE (3). R.I.G.L. 7-6	-23	
Director Name			Director Name			_	
MAMIE ALBRIGHT			JANIE BROWN				
Street Address			Street Address				
302 BUCKLIN STRE	ET		180 BABCOCK STR	EET			
City	State	Ζip	City	State	Zip		
PROVIDENCE	RI	02905	PROVIDENCE	ŔĬ	02905		
Director Name ESTER PERSON			Director Name WALTER PERSON				
Street Address			Street Address				
185 GALLATIN STREET			185 GALLATIN STREET				
Сіђі	State	Zip	City	State	ZIP ==		
PROVIDENCE	RI :	02907	PROVIDENCE	RI	02907	İ	
9. REGISTERED AGEN	T IN RHODE ISLA	ND		•	* ************************************		
This information is curre	ently of record in the	e Office of the Secretary of	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1	3/7-6- 78 :		
This report	must be signed by	either the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver of Trustee		

File Date	FILED	
Check No	JUN 11 2009	7 /
Ву:	By	165
	FOR SECRETARY OF STATE USE ONLY	

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 t	rue and correct.	. 1
Ellow of 7	Jeely	6-11-2009
Signature of Officer	· ·	Date
ELLen L	neely	
Print or Type Name of Officer		
Secretary.		
Title of Officer		

Form 631 Rev. 09/17