RI SOS Filing Number: 200946728910 Date: 06/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.**
** In accordance with R.I.G.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 penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
28726	THE MOUNT PLEASANT BAPTIST CHURCH		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	262 ACADEMY AVE.	PROVIDENCE	02908
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
HOLDING RELIGIOUS SERVICES, CHRISTIAN EDUCATION AND MISSIONS

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CORPORATIONS DIV

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENT**

	President Name	Vice President Name
	HERB SOUTHWORTH	
Street Address	16 HOME AVE	
City / State / Zip	PROVIDENCE / RI / 02908	
	Secretary Name	Treasurer Name
	ANNETTE THOMAS	JANET LAWRENCE
Street Address	172 CUMBERLAND ST	178 GRAY ST
City / State / Zip	PROVIDENCE / RI / 02908	PROVIDENCE / RI / 02909

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

	Director Name	Director Name
	DENNIS MCALOON	FRED SCHOFIELD
Street Address	16 VIRIO ST.	3 HOBSON AVE
City / State / Zip	N. PROVIDENCE / RI / 02904	N. PROVIDENCE / RI / 02911
	Director Name	Director Name
	JAMES SNEAD	
Street Address	39 MT. PLEASANT AVE	
City / State / Zip	PROVIDENCE / RI / 02908	

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 28726 [redacted]

File Date FILED
Check No. JUN 17 2009
By: By 292297
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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.

Janet Lawrence 6/17/09
Signature of Officer *Date*

Janet Lawrence
Print or Type Name of Officer

Treasurer
Title of Officer

Form 631 Rev. 09/17

35101-2-392598