

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 201

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        |                               |                                       |                          |                      |  |
| 2878-  | Mt. Zion Church of            | God, Inc.                     |                                       |                          |                      |  |
| 3. State of Incorporation                              | 4. Corporate address in R     | bode Island - Street Address  |                                       | City                     | Zip                  |  |
| Rhode Island   | 375 Cahill Street             |                               |                                       | Providence               | 02905                |  |
| 5. Foreign corporation. Enter principal office address |                               |                               | City                                  | State                    | Zip                  |  |
|  |                               |                               |                                       |                          |                      |  |
| 6. Brief Description of the character of               | of the affairs which are acti | ually conducted in Rbode Isla | nd                                    |                          |                      |  |
|  |                               |                               |                                       |                          |                      |  |
|  |                               |                               | . 👝                                   |                          |                      |  |
|  | OF THE OFFICERS:              | ("X" BOX FOR ATTACHE          | MENT) 🔲 FILL IN SPACES BE             | FORE USING ATTACH        | MENTS                |  |
| President Name   |                               |                               | Vice President Name                   |                          |                      |  |
| Willie McBride   |                               |                               | Walter Person                         |                          |                      |  |
| Street Address   |                               |                               | Street Address                        |                          |                      |  |
| 72 Cromwell Street                                     | State                         | Zip                           | 185 Gallatin Street                   | State                    | 724                  |  |
| Providence   | RI                            | l <sup>*</sup>                | *                                     | RI                       | <i>Ζ</i> φ           |  |
| Secretary Name   | NI .                          | 02907                         | Providence Treasurer Name             | KI                       | 02907                |  |
| Ellen L. Neely   |                               |                               | Esther Person                         |                          |                      |  |
| Street Address   |                               |                               | Street Address                        |                          |                      |  |
| Street Address 237 Rhode Street                        |                               |                               | 185 Gllatin Street                    |                          |                      |  |
| City   | Siate                         | Zip                           | City                                  | State                    | Zip                  |  |
| · · ·  |                               | l *                           |                                       | · ·                      | -                    |  |
|  | RI                            | 02905                         | Providence                            | RI                       | 02905                |  |
|  |                               |                               | HMENT) TELL IN SPACES BI              |                          | · ·                  |  |
| Director Name  | IKS OF A DOMESTIC             | . (KHUDE ISLAND) C            | ORPORATION SHALL NOT B. Director Name | E LESS THAN THKEE        | (3). R.I.G.L. 7-6-23 |  |
|  |                               |                               |                                       |                          |                      |  |
| Hazel Jones<br>Street Address                          |                               |                               | Janie Brown Street Address            |                          |                      |  |
|  | 00                            |                               |                                       |                          |                      |  |
| 40 Leander Street, Apt. 5                              | ï                             | a.                            | 180 Babcock Street                    |                          | Г                    |  |
| City   | State                         | Zip                           | City                                  | State                    | Zip                  |  |
| Providence   | RI                            | 02905                         | Providence                            | RI                       | <b>3</b> 2905        |  |
| Director Name Daniel Brown                             |                               |                               | Director Name                         | ,                        | I 33 x               |  |
| Street Address   |                               |                               |                                       |                          |                      |  |
|  |                               |                               | Street Address                        | · ·                      | $\overline{\sim}$    |  |
| 180 Babcock Street                                     | State                         | 7th                           | C#                                    | I 51-1-                  |                      |  |
|  | RI                            | <i>z</i> φ<br>02905           | City                                  | Stale                    | Zip                  |  |
| Providnce 9. REGISTERED AGENT IN 1                     | •                             | 102800                        | ı                                     | Į                        |                      |  |
| , and the mount in                                     | MILODE IDEAND                 |                               |                                       |                          | <b>5</b>             |  |
| This information is currently o                        | 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       | he President, Vice Presi      | dent, Secretary, Assistant Secre      | etary, Treasurer, Receiv | er or Trustee        |  |

| ovidnce                | State                 |                         |                               |                                 |                                    |
|------------------------|-----------------------|-------------------------|-------------------------------|---------------------------------|------------------------------------|
|                        |                       | Zip                     | City                          | State                           | Zip                                |
|                        | RI                    | 02905                   | 1                             |                                 |                                    |
| EGISTERED AGENT        | I IN RHODE ISLAN      |                         |                               |                                 | *****                              |
|                        |                       |                         |                               |                                 | 5 <b>1</b>                         |
| s information is curre | ntly of record in the | Office of the Secretary | of State. Changes require fil | ling of Form 641 - R.I.G.L.     | 7-6-13/7-6-78                      |
| This report            | must be signed by     | either the President Vi | ica President Secretary Ac    | sistant Secretary, Treasurer    | Pagaiver or Truston                |
| Tins report            | must be signed by t   | onner me rresidem, vi   | ice riesident, secretary, As  | sistant Secretary, Treasurer    | , Receiver of Trustee              |
|                        |                       |                         |                               |                                 |                                    |
|                        |                       |                         |                               |                                 |                                    |
|                        |                       |                         |                               |                                 |                                    |
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|                        | <b>~~~ ~</b>          |                         |                               |                                 |                                    |
| <b>—</b> .E/           | ĹED                   |                         |                               |                                 |                                    |
| · 1 <sup>-</sup> 1     | LEU                   |                         |                               |                                 | affirm that I have examined this   |
|                        |                       |                         |                               |                                 | dules and statements, and that all |
| JUN 2                  | 2 0 2011              |                         | Statements                    | contained herein are true and o |                                    |
| le Date JUIT A         | S O ZUII              | <del></del>             | _£.U                          | en & nee                        | 6-20-20<br>Date                    |
| _                      |                       |                         | Signature of                  | Officer                         | Date                               |
| eck 📉                  | J 27                  | <del></del>             | Ello                          | n L me                          |                                    |
| 71                     |                       | e                       | <u> </u>                      |                                 | <u> </u>                           |
|                        |                       |                         |                               | e Name of Officer               | /                                  |
|                        |                       |                         | Secx                          | POTARY                          |                                    |
|                        |                       |                         |                               |                                 |                                    |
|                        | OF STATE USE ONLY     |                         | Title of Offic                | cer /                           |                                    |