



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31737		2. Exact name of the Corporation THE PRIMITIVE METHODIST CHURCH IN THE UNITED STATES OF AMERICA			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THROUGH THE MINISTERIAL WORK OF THE CHURCH			
5. Principal office address 33 WEST BARROWS STREET		City CUMBERLAND	State RI	Zip 02864-7404	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name REV. FRANK L. HRABAK			Vice-President Name REV. ALLAN RUPERT		
Street Address 1122 FROSTY HOLLOW ROAD			Street Address 207 WHITMORE AVENUE		
City LANGHORNE	State PA	Zip 19047-5719	City MAYFIELD	State PA	Zip 18433-1738
Secretary Name REV. DAVID S. ALLEN, JR.			Treasurer Name MR. RAYMOND C. BALDWIN		
Street Address 1199 LAWRENCE STREET			Street Address 18409 MILL RUN COURT		
City LOWELL	State MA	Zip 01852-5526	City LEESBURG	State VA	Zip 20176-4583
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name REV. FRANK L. HRABAK			Director Name REV. ALLAN RUPERT		
Street Address 1122 FROSTY HOLLOW ROAD			Street Address 207 WHITMORE AVENUE		
City LANGHORNE	State PA	Zip 19047-5719	City MAYFIELD	State PA	Zip 18433-1738
Director Name REV. DAVID S. ALLEN, JR.			Director Name MR. RAYMOND C. BALDWIN		
Street Address 1199 LAWRENCE STREET			Street Address 18409 MILL RUN ROAD		
City LOWELL	State MA	Zip 01852-5526	City LEESBURG	State VA	Zip 20176-4583
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUN 06 2012

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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.

REV. DAVID S. ALLEN, JR. 6-4-12
 Signature of Officer Date

REV. DAVID S. ALLEN, JR.
 Print or Type Name of Officer

GENERAL SECRETARY
 Title of Officer