



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 2013

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. 28726		2. Exact name of the Corporation THE MOUNT PLEASANT BAPTIST CHURCH			
3. State of Incorporation, RI		4. Brief description of the character of business conducted in Rhode Island HOLDING RELIGIOUS SERVICES, CHRISTIAN EDUCATION AND MISSIONS			
5. Principal office address 262 ACADEMY AVE			City PROVIDENCE	State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HERB SOUTHWORTH			Vice-President Name NONE		
Street Address 16 HOME AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name ANNETTE THOMAS			Treasurer Name JANET LAWRENCE		
Street Address 733 ADMIRAL ST APT. 1			Street Address 178 GRAY ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02909
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 DENNIS MCALOON			Director Name FRED SCHOFIELD		
Street Address 16 VIRIO ST			Street Address 3 HOBSON AVE		
City N. PROVIDENCE	State RI	Zip 02904	City N. PROVIDENCE	State RI	Zip 02911
Director Name HERB SOUTHWORTH			Director Name NONE		
Street Address 16 HOME AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 08 2013
BY 4301

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 7/6/13
 Signature of Officer Date

Janet Lawrence
 Print or Type Name of Officer

Treasurer
 Title of Officer