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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 2014

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.	2. Exact name of the Corporation
126171	Holy Zion Church, Inc. UHC
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Religious organization with weekly services for the Community

5. Principal office address	City	State	Zip
53 Bath st	Providence	RI	02908

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Donovan C. Woodruff	
Street Address: 287 Langdon St	Street Address:
City: Providence State: RI Zip: 02904	City: State: Zip:
Secretary Name: Esther Walker	Treasurer Name: Calvin Walker
Street Address: 202 Webster St	Street Address: 202 Webster St
City: Malden State: MA Zip: 02148	City: Malden State: MA Zip: 02148

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
John C. Wright	Donovan C. Woodruff
Street Address: 162 Country Hills RD	Street Address: 287 Langdon St
City: Hamden State: CT Zip: 06514	City: Providence State: RI Zip: 02904
Director Name: Victor J. Rush	Director Name:
Street Address: 15 Mary Catherine Circle	Street Address:
City: Windsor State: CT Zip: 06095	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

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File Date _____
Check No _____
By: _____
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10:21

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.

Signature of Officer — Date: 3/24/14

Donovan C. Woodruff
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012

104949-2-902971