RI SOS Filing Number: 201439759970 Date: 05/20/2014 4:00 PM

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
28143	Macedonia Union American Methodist Episcopal Church
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	A Christian Organisation

5. Principal office address	City	State	Zip
35 Ashmont Street	Providence	RI	02905

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

President Name	Street Address	City	State	Zip
Rev. Bernice Perry	197 Waterman Avenue	East Prov.	RI	02914

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Jean E. Smith	138 Whitmarsh Street	Providence	RI	02907

Treasurer Name	Street Address	City	State	Zip
Rev. Eleanor M. Lacey	33 Gallup Street	Providence	RI	02905

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

Director Name	Street Address	City	State	Zip
Linda McGowan	101 River Street	East Prov.	RI	02915
Wayne Perry, Jr.	197 Waterman Avenue	East Prov.	RI	02914

Director Name	Street Address	City	State	Zip
Rev. Victor Ross	815 Sandy Lane	Warwick	RI	02889

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

MAY 20 2014

BY _____

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. Bernice Perry — 5/19/14
Signature of Officer — Date

Rev. Bernice Perry
Print or Type Name of Officer

Pastor of the church
Title of Officer

Form No. 951
Revised: 05/2012

106647-5-958100