



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000023026

**2. Name of Corporation** LDS Family Services

**3. State of Incorporation**

State: UT

**4. Corporate Address in Rhode Island**

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 50 E. NORTH TEMPLE

City or Town: SALT LAKE CITY State: UT Zip: 84150 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ADOPTION, FAMILY COUNSELING, CHILD CARE AND OTHER FAMILY SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK H. GLADE	50 E. NORTH TEMPLE SALT LAKE CITY, UT 8450 US
TREASURER	GORDON F CARMEN	50 E. NORTH TEMPLE SALT LAKE CITY, UT 84150 USA
SECRETARY	DAVID M. MCCONKIE	50 E. NORTH TEMPLE SALT LAKE CITY, UT 84150 US
DIRECTOR	RULON O. GIBSON	50 E. NORTH TEMPLE SALT LAKE CITY, UT 84150 US

DIRECTOR	STEVEN K. PETERSON	50 E. NORTH TEMPLE SALT LAKE CITY, UT 84150 USA
DIRECTOR	LINDA K BURTON	76 NORTH MAIN SALT LAKE CITY, UT 84150 USA
DIRECTOR	JAMES M HARPER	584 WEST 350 NORTH SPRINGVILLE, UT 84663 USA
DIRECTOR	JULIE WILCOX	50 E. NORTH TEMPLE SALT LAKE CITY, UT 84150 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 26 Day of May, 2015 at 2:17:24 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID M. MCCONKIE, SECRETARY  
Signature of Authorized Person

Form No. 631  
Revised 09/07