



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

**Non-Profit Corporation  
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.** 000028749

**2. Name of Corporation** Providence Zen Center

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 99 POUND ROAD

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

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

No. and Street:

City or Town:

State:

Zip:

Country:

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

CHURCH

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK HOUGHTON	212 MARRETT RD. LEXINGTON, MA 02421 USA
SECRETARY	NANCY HEDGPETH	202 ROSS HILL ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	JOSEPH DIGGS	99 POUND ROAD

		CUMBERLAND, RI 02864 USA
DIRECTOR	AMES COLT	148 CONGTON STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES DOUG WALSH	55 COLEMAN STREET SEEKONK, MA 02771 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**

JAMES BINGER 99 POUND ROAD CUMBERLAND , RI 02864

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

**Signed this 23 Day of June, 2015 at 2:39:41 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 ALYSON ARNOLD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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