



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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 MR. HERB SOUTHWORTH		Vice-President Name NONE			
Street Address 16 HOME AVE		Street Address			
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name NONE		Treasurer Name MRS. JANET LAWRENCE			
Street Address		Street Address 178 GRAY ST			
City	State	Zip	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 MR. HERB SOUTHWORTH		Director Name MR. DENNIS MCALOON			
Street Address 16 HOME AVE		Street Address 16 VIRIO ST			
City PROVIDENCE	State RI	Zip 02908	City N. PROVIDENCE	State RI	Zip 02904
Director Name MRS. JANET LAWRENCE		Director Name			
Street Address 178 GRAY ST		Street Address			
City PROVIDENCE	State RI	Zip 02909	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

by

FILED

JUN 25 2015

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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 6/23/15
Signature of Officer or Authorized Representative Date

Print or Type Name of Officer or Authorized Representative