



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
28786		Mount Zion AME Church and Society in Newport			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Religious Organization			
5. Principal Office Address		City	State	Zip	
31 Tilley Ave. Newport, RI. P.O.Box 4681		Middletown	RI	02840	
6. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>	
President Name Rev. Alvin T. Riley		Vice-President Name Rev. Leslie J. Greene			
Street Address 242 High St.		Street Address 78 Arlington St.			
City Randolph	State MA.	Zip 02368	City Hyde Park	State MA.	Zip 02136
Secretary Name Wanda Riley		Treasurer Name John T. Sommerville			
Street Address 35 Namquid Dr.		Street Address 22 Johnson Court			
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Tony Shultz		Director Name Anthony Riley			
Street Address P.O.Box 4681		Street Address 35 Namquid Dr.			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Phillip A. Douglas		Director Name			
Street Address 93 Amesbury Circle		Street Address			
City Middletown	State RI.	Zip 02842	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Rev. Alvin T. Riley, Jr.				Date 5/17/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 15 2016

BY