



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

**Annual Report for the year: 2016**

**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 JUN 20 PM 12:11

1. Entity ID Number <b>31161</b>		2. Exact name of the Corporation <b>Seventh Day Baptist Missionary Society</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Distributor of Donations for International Ministries &amp; Missionary Logistics</b>			
5. Principal Office Address <b>P.O. Box 156, 8A Church St. Second Floor</b>			City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Danny Lee</b>			Vice-President Name <b>Levi Bond</b>		
Street Address <b>19417 Hawthorn Branch Dr.</b>			Street Address <b>12704 SE 110th Ct.</b>		
City <b>Edmond</b>	State <b>OK</b>	Zip <b>73012</b>	City <b>Clackamas</b>	State <b>OR</b>	Zip <b>97015</b>
Secretary Name <b>Kathleen A. Hughes</b>			Treasurer Name <b>Mark Lewis</b>		
Street Address <b>52 Lathrop</b>			Street Address <b>161 N. Highland Ave.</b>		
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Wellsville</b>	State <b>NY</b>	Zip <b>14895</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Clinton R. Brown</b>			Director Name <b>Miriam E. Berg</b>		
Street Address <b>118 Main St.</b>			Street Address <b>12956 Monaco Way</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Thronton</b>	State <b>CO</b>	Zip <b>80602</b>
Director Name <b>David A. Stall</b>			Director Name <b>Alicia Mosher</b>		
Street Address <b>173 Main St.</b>			Street Address <b>P.O. Box 407</b>		
City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>Berlin</b>	State <b>NY</b>	Zip <b>12022</b>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Cassandra N. Lawton</b>				Date <b>06/09/2016</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

**FILED**

JUN 20 2016

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

BY LL 2770105  
 FORM 651 - Revised: 05/2016