



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 28782		2. Exact name of the Corporation Mt. Zion Church of God Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church/Religious			
5. Principal Office Address 375 Cahill Street		City Providence	State RI	Zip 02905	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pastor Esther Person			Vice-President Name Willie McBride		
Street Address 185 Gallatin St			Street Address 72 Cromwell St		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Janie Brown			Treasurer Name Walter Person		
Street Address 180 Babcock St			Street Address 185 Gallatin St		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02907
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 Hazel Jones			Director Name Daniel Brown		
Street Address 20 Whelden Ave, Apt#406			Street Address 180 Babcock St		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02905
Director Name Walter Person Jr.			Director Name		
Street Address 185 Gallatin St			Street Address		
City Providence	State RI	Zip 02907	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 Pastor Esther Person				Date 6/27/16	
Signature of Officer/Authorized Representative <i>Esther Person</i>				SIGN DOCUMENT HERE	

FILED

JUN 27 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 677688
FORM 631 - Revised: 05/2016