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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.

1. Entity ID Number	2. Exact name of the Corporation
31737	The Primitive Methodist Church in the United States of America
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Through the ministerial work of the Church

5. Principal Office Address	City	State	Zip
145 Summit St.	Pawtucket	RI	02862

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rev. Fred Perkins	Rev. Allan Rupert
Street Address: 4210 Ernest Dr.,	Street Address: 207 Whitmore Ave
City: Wesley Chapel; State: FL; Zip: 33543-5911	City: May Field; State: PA; Zip: 18433-1738
Secretary Name: Rev. David S. Allen	Treasurer Name: Mr. Dennis Wright
Street Address: 1199 Lawrence St	Street Address: 5645 Clingan Rd # 18-D
City: Lowell; State: MA; Zip: 01852-5526	City: Struthers; State: OH; Zip: 44412

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Rev. Fred Perkins	Rev. Allan Rupert
Street Address: 4210 Ernest Dr.	Street Address: 207 Whitmore Ave
City: Wesley Chapel; State: FL; Zip: 33543-5911	City: May Field; State: PA; Zip: 18433-1738
Director Name: Rev. David S. Allen	Director Name
Street Address: 1199 Lawrence St	Street Address
City: Lowell; State: MA; Zip: 01852-5526	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	Date
Rev. Dr. David S. Allen, Jr.	1-12-2017

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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JAN 12 2017 2:01
By 293031

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

147655-1-1150948

FORM 631 - Revised: 05/2016