



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

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 R.I. DEPT. OF STATE
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Annual Report for the year: 2016
 Non-Profit Corporation

2017 JAN 19 AM 9:56

- 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 <u>28749</u>		2. Exact name of the Corporation <u>Providence Zen Center</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
5. Principal Office Address <u>99 Pound Road</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Mark Houghton</u>		Vice-President Name <u>Douglas Walsh</u>	
Street Address <u>212 Marrett Road</u>		Street Address <u>55 Coleman Street</u>	
City <u>Lexington</u>	State <u>MA</u>	City <u>Seekonk</u>	State <u>MA</u>
Zip <u>02421</u>		Zip <u>02771</u>	
Secretary Name <u>Nancy Hedgpeth</u>		Treasurer Name <u>Ames Colt</u>	
Street Address <u>99 Pound Road</u>		Street Address <u>10 Pratt Street #3</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02906</u>	
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 <u>Edith Lebowitz</u>		Director Name <u>Jamie Castor</u>	
Street Address <u>PO Box 109</u>		Street Address <u>6 Kempson Street</u>	
City <u>Bellouville</u>	State <u>CT</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>06233</u>		Zip <u>02840</u>	
Director Name <u>Joseph Diggs</u>		Director Name <u>Mark Brenner</u>	
Street Address <u>99 Pound Road</u>		Street Address <u>1 Nathaniel Way</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Canton</u>	State <u>MA</u>
Zip <u>02864</u>		Zip <u>02021</u>	
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.			
<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 <u>Mark Houghton</u>			Date <u>1/18/2017</u>
Signature of Officer/Authorized Representative <u>Mark Houghton</u>			SIGN DOCUMENT HERE

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

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JAN 19 2017

By 293493