



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

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2017 APR -7 AM 10:49

**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 <b>001057191</b>		2. Exact name of the Corporation <b>RP MEN'S MINISTRY INCORPORATED</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO BUILD THE INTEGRITY OF GOD WITHIN THE BROTHERHOOD OF MEN TO ENCOURAGE MEN TO ANSWER THE CALL OF GOD IN THEIR DAILY LIVES</b>			
5. Principal Office Address <b>1 SANTINI STREET, UNIT C-NORTH</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</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>WESLEY PENNINGTON</b>			Vice-President Name <b>TIMOTHY KILGORE</b>		
Street Address <b>1 SANTINI STREET, UNIT C-NORTH</b>			Street Address <b>16 TRASK ST</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</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>ROGER SHERMAN</b>			Director Name <b>OKEY CASEY</b>		
Street Address <b>41 TOM LEE DRIVE</b>			Street Address <b>82 RADCLIFFE AVENUE</b>		
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>JOHNNY DURE</b>			Director Name <b>NONE</b>		
Street Address <b>29 GLENBRIDGE AVE</b>			Street Address <b>NONE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</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>WESLEY PENNINGTON</b>					Date <b>03/29/2017</b>
Signature of Officer/Authorized Representative 					

**FILED**

**APR 07 2017**

BY 300351  
 A.A. 10:50 A.M.

MAIL TO:  
 Division of Business Services  
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