



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

FILED

APR 07 2017

BY 300351

A.A. 10:50 A.M.

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