



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 26 PM 12:19

1. Entity ID Number 10915		2. Exact name of the Corporation Ministers' Alliance of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious	
4. NAICS Code 813920			
6. Principal Office Address 340 South Main Street		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Dr. Sammy Vaughn		Vice-President Name Rev. Jabulani McCalister	
Street Address 228 Cheapeu Street		Street Address 747 Broad Street	
City Woonsocket	State RI	City Providence	State RI
Zip 02895		Zip 02907	
Secretary Name Rev. Nijita McCalister		Treasurer Name Rev. Matthew Kai	
Street Address 747 Broad Street		Street Address 134 Clay Street	
City Providence	State RI	City Panucket	State RI
Zip 02907		Zip 02860	
8. 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 Rev. Dr. Ernest Ward		Director Name Rev. Dr. Vincent Thompson	
Street Address 76 Pelley Street		Street Address 50 Dr. Marcus Wheatland Drive	
City Providence	State RI	City Newport	State RI
Zip 02907		Zip 02840	
Director Name Rev. Dr. Donald Anderson		Director Name Rev. Jeffrey Williams	
Street Address 160 Niantic Avenue		Street Address 1860 Westminster Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02909	
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Rev. Matthew N. Kai			Date 6/26/17
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

JUN 26 2017

BY APB 306876

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