



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000085640

**2. Name of Corporation** ALLEN MINISTRIES ENRICHING NEIGHBORHOODS (A.M.E.N.), Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 163 BELLEVUE AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ENGAGE IN COMMUNITY DEVELOPMENT ACTIVITIES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | VIOLA PATRICIA MORRIS-<br>BUCHANAN                    | 64 CRAIG ST<br>MILTON, MA 02186 USA                               |
| TREASURER      | ARTHUR SPEAKS                                         | 163 BELLEVUE AVENUE<br>PROVIDENCE, RI 02907 USA                   |
| SECRETARY      | PAT SPANN                                             | 86 ARDOENE ST<br>PROVIDENCE, RI 02907 USA                         |
| CHAPLAIN       | BASIL BUCHANAN                                        | 64 CRAIG ST<br>MILTON, MA 02186 USA                               |
| VICE PRESIDENT | BARBARA PAIGE                                         | 509 LAUREL HILL AVE<br>CRANSTON, RI 02920 USA                     |
| DIRECTOR       | NARFRETTE CONNOR                                      | 246 OHIO AVE.<br>PROVIDENCE, RI 02905 USA                         |
| DIRECTOR       | LORINE BIBBS                                          | 252 WARRINGTON ST<br>PROVIDENCE, RI 02907 USA                     |
| DIRECTOR       | C.MAE BUNCH                                           | 3595 POST ROAD 16206<br>WARCIK, RI 02886 USA                      |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES C. ALEXANDER 163 BELLEVUE AVENUE PROVIDENCE , RI 02907

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2017 at 11:48:55 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By VIOLA MORRIS-BUCHANAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07