



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

Annual Report for the year: 2018
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 28726		2. Exact name of the Corporation THE MOUNT PLEASANT BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOLDING RELIGIOUS SERVICES, CHRISTIAN EDUCATION AND MISSIONS			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 262 ACADEMY AVE		City PROVIDENCE	State RI	Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MR DENNIS MCALOON			Vice-President Name MS JOAN PIETRASKIEWICZ		
Street Address 16 VIRIO ST			Street Address 7 BERCLAY ST		
City NO. PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02919
Secretary Name none			Treasurer Name MRS. JANET LAWRENCE		
Street Address			Street Address 178 GRAY ST		
City	State	Zip	City PROVIDENCE	State RI	Zip 02909
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 MR DENNIS MCALOON			Director Name MS JOAN PIETRASKIEWICZ		
Street Address 16 VIRIO ST			Street Address 7 BERCLAY ST		
City NO. PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02919
Director Name MS MAUREEN MORRISSEY			Director Name none		
Street Address 150 DARTMOUTH ST B157			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
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.					
<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 Janet Lawrence				Date 5/20/18	
Signature of Officer/Authorized Representative Janet Lawrence				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

FILED
MAY 23 2018
 BY 4910