



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2018

→ 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 66728		2. Exact name of the Corporation MINISTERIAL ROAD PRESERVATION ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ENSURE THE PRESERVATION OF THIS RURAL AND SCENIC ROADWAY IN SOUTH KINGSTOWN.			
4. NAICS Code 813312					
6. Principal Office Address C/O KATE O'MALLEY, 2044 MINISTERIAL RD		City WAKEFIELD		State RI	Zip 02819
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICK BICKNELL		Vice-President Name KATE O'MALLEY			
Street Address 2519 MINISTERIAL ROAD		Street Address 2044 MINISTERIAL RD			
City WEST KINGSTON	State RI	Zip 02892	City WAKEFIELD	State RI	Zip 02819
Secretary Name WILLIAM WALLACE		Treasurer Name JOHANNA BICKNELL			
Street Address 216 MINISTERIAL ROAD		Street Address 2519 MINISTERIAL ROAD			
City WAKEFIELD	State RI	Zip 02819	City WEST KINGSTON	State RI	Zip 02891
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 BARBARA WALLACE		Director Name MARYELLEN MAHONEY			
Street Address 216 MINISTERIAL ROAD		Street Address 2044 MINISTERIAL RD			
City WAKEFIELD	State RI	Zip 02819	City WAKEFIELD	State RI	Zip 02819
Director Name KIERAN O'MALLEY		Director Name			
Street Address 2044 MINISTERIAL ROAD		Street Address			
City WAKEFIELD	State RI	Zip 02819	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 KATE O'MALLEY, VICE PRESIDENT					Date 6/3/18
Signature of Officer/Authorized Representative <i>Kate O'Malley</i> SIGN DOCUMENT HERE					FILED