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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	
Non-Profit Corporation	

2018

-> Filing period: June 1 - June 30

→ Filling Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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	<u></u>						
1. Entity ID Number	2. Exact name of the Corporation						
000028786	Mount Zion AfricanEpiscopal(AME) Church and Society in Newport						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious Organization						
4. NAICS Code							
813110 - Religious Organizations							
6. Principal Office Address			City	State	Zip		
31 Tilley Ave. Newport, RI. P.O. Bo	x 4681	*	Middletown	RI	02842		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rev. Alvin T. Riley, Jr.			Vice-President Name Rev. Leslie J. Greene				
Street Address 176 Highland Street			Street Address 78 Arlington St.				
City Brockton	State MA	^{Zip} 02301	City Hyde Park	State MA	^{Zip} 02136		
Secretary Name			Treasurer Name Tony Shultz				
Street Address			Street Address P.O. Box 4681				
City _	State	Zip .	City Middletown	State RI	Zip 02842		
8. List ALL directors (names and addresses). Rt Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Tony Shultz			Director Name Anthony Riley				
Street Address P.O. Box 4681			Street Address 35 Namquid Dr.				
City Middletown	State RI	^{Zip} 02842	City Middletown	State RI - "	Zip : 02842		
Olrector Name Phillip A. Douglas			Director Name Dan Mulligan				
Street Address 93 Amesbury Circle			Street Address 116 Van Zandt Ave :				
City Middletown	State RI	^{Zip} 02842	City Newport	State RI	^{Zip} 02840		
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative Date					<u> </u>		
Rev. Alvin T. Riley, Jr.				June 26, 2018			
Signature of Officer/Authorized Representative Ger: All The Control of Contr							
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov