



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

Annual Report for the year: 2019
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.

FILED
MAR 01 2019
BY 1468 DS

1. Entity ID Number 000028749		2. Exact name of the Corporation Providence Zen Center	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A Zen Buddhist Temple that focuses on meditation retreats	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 99 Pound Rd		City Cumberland	State RI
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marlynn Pett		Vice-President Name Doug Walsh	
Street Address 99 Pound Rd		Street Address 52 Kendall Court	
City Cumberland	State RI	City Raynham	State MA
Zip 02864		Zip 32609	
Secretary Name James Caster		Treasurer Name Ames Colt	
Street Address 6 Kempson Street		Street Address 148 Congdon Street	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02906	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Nancy Hedgpeth		Director Name Mark Houghton	
Street Address 99 pound Road		Street Address 212 Marrett Road	
City Cumberland	State RI	City Lexington	State MA
Zip 02864		Zip 02421	
Director Name Jose Ramirez		Director Name Joseph Diggs	
Street Address 50 President Street		Street Address 99 Pound Road	
City Providence	State RI	City Cumberland	State RI
Zip 02906		Zip 02864	
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, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Marlynn Pett</u>		Date <u>2/21/19</u>	
Signature of Officer/Authorized Representative <u>Marlynn Pett</u> SIGN 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

Entity ID Number: 000028749

Director Name: Mark Brenner

Street Address: 1 Nathaniel Way

City: Canton State: MA, Zip: 02021

Director Name: Elizabeth Sturgeon

Street Address: 51 Front St

City: Cumberland, State: RI, Zip: 02864

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MAR 01 2019

BY

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