



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 20 2019

RV

5004

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.

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 Organ					
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. Maureen Morrissey		
Street Address 16 Virio St			Street Address 150 Dartmouth St Apt. B157		
City N. Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
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. Maureen Morrissey		
Street Address 16 Virio St			Street Address 150 Dartmouth St. Apt B157		
City N. Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Director Name Mrs Janet Lawrence			Director Name none		
Street Address 178 Gray St			Street Address		
City Providence	State RI	Zip 02909	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Janet Lawrence				Date 6/17/19	
Signature of Officer/Authorized Representative <i>Janet Lawrence</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

P.O. Box 10000, Providence, RI 02900-1000