

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 APR 20 P 3:25

Annual Report for the year:  
Non-Profit Corporation2020

→ 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 00095068		2. Exact name of the Corporation LINCOLN LINES RESEARCH ASSOC. FOR THE GENEALOGY OF THE LINCOLN FAMILY INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESEARCH of the LINCOLN Family AND ALL RELATED families GENEALOGY.	
4. NAICS Code 813110			
6. Principal Office Address 224 LYNCH STREET		City PROV	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CYNTHIA L. MECKS		Vice-President Name BRITTANNY L. TAYLOR	
Street Address 224 LYNCH ST.		Street Address 166 VALLEY ST.	
City PROV.	State RI Zip 02908	City PROV	State R.I Zip 02909
Secretary Name BOBZ TAYLOR		Treasurer Name JAMES E. MECKS	
Street Address 166 VALLEY ST.		Street Address 224 LYNCH ST	
City PROV	State RI Zip 02909	City PROV	State RI Zip 02908
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 CYNTHIA L. MECKS		Director Name BRITTANNY L. TAYLOR	
Street Address 224 LYNCH ST		Street Address 166 VALLEY STREET	
City PROV	State RI Zip 02908	City PROV.	State RI Zip 02909
Director Name JAMES E. MECKS		Director Name	
Street Address 224 LYNCH ST.		Street Address	
City PROV.	State RI Zip 02908	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.			
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 CYNTHIA L. MECKS			Date 4/17/2020
Signature of Officer/Authorized Representative Cynthia L. Meeks			

FILED

APR 20 2020

BY Ch 2m Q2J FORM 631 - Revised: 06/2017

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