RI SOS Filing Number: 202041976580 Date: 6/11/2020 4:00:00 PM

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

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Annual Report for the year: 2020
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: 000137851	2. Exact name of the Corporation: The Ministry Training Network of Southeastern New England
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: In alliance with like-mind Evangelical churches MTN provides training for Christian workers and ministry leaders, both current and future in southeastern New England. Exclusively charitable, religious, and educational.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
52 Cedar Grove Drive	Exeter	RI	02822

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Gibson			Vice-President Name:		
Street Address: 180 Sunnybrook Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:
Secretary Name: Randall Curtis			Treasurer Name: Barbara Bickerstaff		
Street Address: 680 Stony Lane			Street Address: 17 Campbell Street		
City: North Kingstown	State: RI	Zip: 02852	City: West Warwick	State: RI	Zip: 02893

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: John Gibson			Director Name: Randall Curtis		
Street Address: 180 Sunnybrook Drive			Street Address: 680 Stony Lane		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Barbara Bickerstaff			Director Name: Charles Pierce		
Street Address: 17 Campbell Street			Street Address: 59 Wendy Lane		
City: West Warwick	State: RI	Zip: 02893	City: Wakefield	State: RI	Zip: 02879

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	Date
Philip H. Curtis	5-27-20

Signature of Officer/Authorized Representative: Philip H. Curtis SIGN DOCUMENT HERE

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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

FORM 631 - Revised: 06/2019