



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

JUN 29 2020

Annual Report for the year:
 Non-Profit Corporation

2020

- Filing period June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1150
20

1. Entity ID Number 28769		2. Exact name of the Corporation MOUNT VERNON BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		Baptist church which conducts religious services.			
6. Principal Office Address 210 Plainfield Pike			City FOSTER	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SONJA MURRAY			Vice President Name SCOTT KNOX		
Street Address 47 JOHNSON RD.			Street Address 150 FOSTER CENTER RD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name Jean Salemi			Treasurer Name RONALD ALLEN		
Street Address 3 Manchester Circle, Apt. G			Street Address 116 Barbs Hill Rd.		
City Coventry	State RI	Zip 02816	City Greene	State RI	Zip 02827
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 Sonja MURRAY			Director Name Scott Knox		
Street Address 47 Johnson Rd.			Street Address 150 Foster Center Rd.		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name Jean Salemi			Director Name Ronald Allen		
Street Address 3 Manchester Circle, Apt. G			Street Address 116 Barbs Hill Rd.		
City Coventry	State RI	Zip 02816	City Greene	State RI	Zip 02827
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 541					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Sonja E. Murray					Date 6/24/2020
Signature of Officer/Authorized Representative Sonja E. Murray					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov