



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY -4 A 10:36

Annual Report for the year: **2021**

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 28782		2. Exact name of the Corporation New Mt Zion, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church/Religious Purposes			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 375 Cahill Street			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shurfa F. White			Vice-President Name Willie McBride		
Street Address 1811 Warwick Ave #18N			Street Address 72 Cromwell St		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02907
Secretary Name Lisa Wilkerson			Treasurer Name Corey Jones		
Street Address 120 Hawkins St			Street Address 3 Amanda Way		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02904
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 Jon Brown			Director Name Lisa Jones		
Street Address 55 Dartmouth Ave			Street Address 53 Downes Ave Apt 2		
City Providence	State RI	Zip 02907	City Pawtucket	State RI	Zip 02861
Director Name Lowell White			Director Name		
Street Address 1811 Warwick Ave #12W			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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, duty Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Shurfa F. White				Date 05/03/2021	
Signature of Officer/Authorized Representative <i>Shurfa F. White</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAX 04 2021
FORM 631 - Revised: 03/2020
BY *[Signature]* 8:10 PM
10:36