RI SOS Filing Number: 202198453970 Date: 6/17/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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.

FILED
JUN 17 2021
BY 23617

1. Entity ID Number	2 Event news	Atha Casasatia	· .		X		
000030791	2. Exact name of the Corporation						
	ZION GOSPEL CHURCH						
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Church organization and related activities						
4. NAICS Code	1						
813110 - Religious Organizati							
6. Principal Office Address			City	State	Zip		
90 Leonard Avenue			East Providence	RI	02914		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Douglas Crandall			Vice-President Name				
Street Address 84 Hammond Street		Street Address					
City Seekonk	State MA	^{Zip} 02771	City	State	Zip		
Secretary Name Patrick Gallagher		Treasurer Name Thelma Sowell		vell			
Street Address 225 Main Street		Street Address 142 Broadway Apartment 14					
City Haverhill	State MA	^{Zip} 01835	City Pawtucket	State RI	^{Zip} 02860		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Daniel Paglia		Director Name Tiff Shuttlesworth					
Street Address 47 Goldsmith Avenue		Street Address 50 Bayberry Road					
City East P{rovidence	State RI	^{Z_{IP}} 02914	City Brewer	State ME	^{Zip} 04412		
Director Name Patrick Gallagher		Director Name					
Street Address 325 Main Street		Street Address					
City Haverhill	State MA	^{Zip} 01835	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.							
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	Date		
Donglas Crandali			June 15, 20	June 15, 2021			
Signature of Officer/Authorized Regresentative **TOUGHAN ** Authorized Regresentative** **TOUGHAN ** TOUGHAN							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov