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State of Rhode Island and Providence Plantations

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.

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1. Entity ID Number	2. Exact name of the Corporation
000028786	**Mount Zion African Methodist Episcopal Church & Society in Newport**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Weekly religious services, Bible Study, Prayer Meeting, community service**
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
101 Van Zandt Avenue	**Newport**	**RI**	**02840**

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

President Name: **Rev. Alvin T. Riley, Jr.**			Vice-President Name: **Rev. Leslie J. Greene**		
Street Address: **176 Highland Street**			Street Address: **78 Arlington Street**		
City: **Brockton**	State: **MA**	Zip: **02301**	City: **Hyde Park**	State: **MA**	Zip: **02136**
Secretary Name: **Mrs. Joycelyn C. Mulligan**			Treasurer Name: **Mr. Phillip A. Douglass**		
Street Address: **116 Van Zandt Avenue**			Street Address: **93 Amesbury Circle**		
City: **Newport**	State: **RI**	Zip: **02840**	City: **Middletown**	State: **RI**	Zip: **02842**

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

Director Name: **Mr. Daniel C. Mulligan**			Director Name: **Mr. Phillip A. Douglass**		
Street Address: **116 Van Zandt Avenue**			Street Address: **93 Amesbury Circle**		
City: **Newport**	State: **RI**	Zip: **02840**	City: **Middletown**	State: **RI**	Zip: **02842**
Director Name: **Mr. Donald R. Green**			Director Name:		
Street Address: **39 Gould Street**			Street Address:		
City: **Newport**	State: **RI**	Zip: **02840**	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	Date
Rev. Alvin T. Riley, Jr.	**11-15-2021**

Signature of Officer/Authorized Representative: Rev Alvin T Riley Jr.

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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: 05/2017