RI SOS Filing Number: 202329184160 Date: 2/21/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2023		
Non-Profit Corporation			
→ Filing period February 1 - May 1			

→ Filing period. February 1 - May 1
→ Filing Fee: \$20,00
→ Penalty. Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2.5	10 0					
l '	2 Exact name of the Corporation						
000030791	ZION GOSPEL CHURCH						
3 State of Incorporation	Bnef description of the character of business conducted in Rhode Island						
Rhode Island	Church organization and related activities						
4 NAICS Code							
813110 - Religious Organizations							
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	Zrp		
Secretary Name Patrick Gallagi	Patrick Gallagher			Treasurer Name Thelma Sowell			
Street Address 325 Main Street		Street Address 142 Broadway Apartment 14					
^{City} Haverhill	Siate MA	^{Zip} 01835	City Pawtucket	State RI	^{Zıp} 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 Shuttleworth				
Street Address 47 Goldsmith Avenue		Street Address 50 Bayberry Road					
City East Providence	State RI	² 02914	City Brewer	State ME	^{Zrp} 04412		
Director Name Patrick Gallagher		Director Name					
Street Address 325 Main Street		Street Address					
^{City} Haverhill	State MA	^{Zrp} 01835	City	State	Zφ		
The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes req	uire 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				
Douglas Crandall				February 16, 2023			
Signature of Officer/Authorized Representative							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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