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 Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED STAMP
APR 26 2023
BY 5357

1. Entity ID Number	2. Exact name of the Corporation
28726	THE MOUNT PLEASANT BAPTIST CHURCH
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: HOLDING RELIGIOUS SERVICES , CHRISTIAN EDUCATION AND MISSIONS
4. NAICS Code: 813110- RELIGIOUS	

6. Principal Office Address	City	State	Zip
262 ACADEMY AVE	PROVIDENCE	RI	02908

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

President Name: MR. DENNIS MCALOON			Vice-President Name: MS. MAUREEN MORRISSEY		
Street Address: 16 VIRIO ST			Street Address: 150 DARTMOUTH ST APT B157		
City: NO. PROVIDENCE	State: RI	Zip: 02904	City: PAWTUCKET	State: RI	Zip: 02860
Secretary Name: NONE			Treasurer Name: MRS. JANET LAWRENCE		
Street Address:			Street Address: 178 GRAY ST		
City:	State:	Zip:	City: PROVIDENCE	State: RI	Zip: 02909

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. DENNIS MCALOON			Director Name: MS. MAUREEN MORRISSEY		
Street Address: 16 VIRIO ST			Street Address: 150 DARTMOUTH ST APT B157		
City: NO. PROVIDENCE	State: RI	Zip: 02904	City: PAWTUCKET	State: RI	Zip: 02860
Director Name: MRS. JANET LAWRENCE			Director Name: NONE		
Street Address: 178 GRAY ST			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02909	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
JANET LAWRENCE	4/23/2023

Signature of Officer/Authorized Representative: Janet Lawrence

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov