



State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2024
BY *[Signature]*

Annual Report for the year: **2024**

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.

1. Entity ID Number 000030791		2. Exact name of the Corporation ZION GOSPEL CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Church organization and related activities			
4. NAICS Code 813110-Religious Orgnzir					
6. Principal Office Address 90 Leonard Avenue		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Douglas Crandall			Vice-President Name		
Street Address 84 Hammond Street			Street Address		
City Seekonk	State MA	Zip 01835	City	State	Zip
Secretary Name Patrick Gallagher			Treasurer Name Thelma Sowell		
Street Address 325 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 <input type="checkbox"/>					
Director Name Daniel Paglia			Director Name Sandra Crandall		
Street Address 47 Goldsmith Avenue			Street Address 84 Hammond Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 01835
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Douglas Crandall <i>[Signature]</i>				Date 2-29-2024	
Signature of Officer/Authorized Representative					

MAIL TO:
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