



State of Rhode Island
Department of State - Business Services Division

JUN 06 2024

540 *2*

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 66728		2. Exact name of the Corporation MINISTERIAL ROAD PRESERVATION ASSOCIATION			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO ENSURE THE PRESERVATION OF THIS RURAL AND SCENIC ROADWAY IN SOUTH KINGSTOWN.			
4. NAICS Code 813312					
6. Principal Office Address C/O KATE O'MALLEY 2044 MINISTERIAL ROAD		City WAKEFIELD		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICK BICKNELL			Vice-President Name KATE O'MALLEY		
Street Address 2579 MINISTERIAL ROAD			Street Address 2044 MINISTERIAL ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WAKEFIELD	State RI	Zip 02879
Secretary Name WILLIAM WALLACE			Treasurer Name JOHNNA BICKNELL		
Street Address 216 MINISTERIAL ROAD			Street Address 2579 MINISTERIAL ROAD		
City WAKEFIELD	State RI	Zip 02879	City WEST KINGSTON	State RI	Zip 02879
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 BARBARA WALLACE			Director Name MARYELLEN MAHONEY		
Street Address 216 MINISTERIAL ROAD			Street Address APT 306, 681 KINGSTOWN ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name KIERAN O'MALLEY			Director Name		
Street Address 2044 MINISTERIAL ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	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 KATE O'MALLEY, VICE PRESIDENT					Date 6/3/24
Signature of Officer/Authorized Representative <i>Kate O'Malley</i>					

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