



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2025:** 2025

1. Corporate ID No. 000031737

2. Name of Corporation Primitive Methodist Church in the United States of America

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 128 GORHAM ST

City or Town: CHELMSFORD

State: MA

Zip: 01824

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THROUGH THE MINISTERIAL WORK OF THE CHURCH.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	DENNIS WRIGHT	5645 CLINGAN RD, 18-D STRUTHERS, OH 44471 USA
DIRECTOR	ALLAN RUPERT	207 WHITMORE AVE MAYFIELD, PA 18433 USA
DIRECTOR	JOSE VELIZ	145 SUMMIT STREET PAWTUCKET, RI 02860 USA
DIRECTOR	RYAN REVELEY	128 GORHAM ST CHELMSFORD, MA 01824 USA
DIRECTOR	ALEIDA PADILLA	145 SUMMIT ST. PAWTUCKET, RI 02860 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MERCEDES OERTUZ 145 SUMMIT STREET PAWTUCKET , RI 02860

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of March, 2025 at 4:19:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RYAN REVELEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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