State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025
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.

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1. Entity ID Number	2. Exact name of the Corporation
000030791	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 Organiz	

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: 01835	City:	State:	Zip:
Secretary Name: Patrick Gallagher			Treasurer Name: Thelma Sowell		
Street Address: 325 Main Street			Street Address: 20 Whelden Ave Apartment 209		
City: Haverhill	State: MA	Zip: 01835	City: East Providence	State: RI	Zip: 02914

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: 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: Partrick 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.

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	**6-30-2025**

Signature of Officer/Authorized Representative: Douglas Crandall

FILED

JUN 18 2025

BY 26056

MAIL TO:
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