



State of Rhode Island
Department of State - Business Services Division

FILED

APR 15 2022

BY

1718 OS

Annual Report for the year:
Non-Profit Corporation

2022

- 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 028769		2. Exact name of the Corporation MOUNT VERNON BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Baptist church which conducts religious services.			
4. NAICS Code 813110					
6. Principal Office Address 210 Plainfield Pike			City FOSTER	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT KNOX			Vice-President Name SONJA MURRAY		
Street Address 150 FOSTER CENTER ROAD			Street Address 47 JOHNSON ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name KAREN WARD			Treasurer Name RONALD ALLEN		
Street Address 55 BALCOM ROAD			Street Address 116 BARBS HILL RD		
City FOSTER, RI	State RI	Zip 02825	City GREENE	State RI	Zip 02827
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 SCOTT KNOX			Director Name SONJA MURRAY		
Street Address 150 FOSTER CENTER ROAD			Street Address 47 JOHNSON ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Director Name RONALD ALLEN			Director Name TRACEY GRIFFING		
Street Address 116 BARBS HILL ROAD			Street Address 55 BALCOM ROAD		
City GREENE	State RI	Zip 02827	City FOSTER	State RI	Zip 02825
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 SONJA E. MURRAY					Date 4/10/2022
Signature of Officer/Authorized Representative <i>Sonja E Murray</i>					