



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

APR 18 2023

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- 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 Association	
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 TRACEY GRIFFING	
Street Address 150 Foster Center Road		Street Address 55 Balcom Rd	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
Secretary Name Karen Ward		Treasurer Name Ronald Allen	
Street Address 55 Balcom Rd.		Street Address 116 Barbs Hill Rd.	
City FOSTER	State RI	City Greene	State RI
Zip 02825		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 Tracey Griffing	
Street Address 150 FOSTER CENTER RD.		Street Address 55 Balcom Rd.	
City FOSTER	State RI	City FOSTER	State RI
Zip 02825		Zip 02825	
Director Name RONALD ALLEN		Director Name Karen Ward	
Street Address 116 Barbs Hill Rd.		Street Address 55 Balcom Rd.	
City Greene	State RI	City FOSTER	State RI
Zip 02827		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Scott Knox MODERATOR (President)			Date 1-27-2023
Signature of Officer/Authorized Representative			