



Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation _____

FILED STAMP
 APR 26 2023
 FOR SECRETARY OF STATE
 FILE ONLY
 BY S357 FR

- 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 28726		2. Exact name of the Corporation THE MOUNT PLEASANT BAPTIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HOLDING RELIGIOUS SERVICES , CHRISTIAN EDUCATION AND MISSIONS			
4. NAICS Code 813110- RELIGIOUS					
6. Principal Office Address 262 ACADEMY AVE		City PROVIDENCE	State RI	Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MR. DENNIS MCALOON		Vice-President Name MS. MAUREEN MORRISSEY			
Street Address 16 VIRIO ST		Street Address 150 DARTMOUTH ST APT B157			
City NO. PROVIDENCE	State RI	Zip 02904	City PAWTUCKET	State RI	Zip 02860
Secretary Name NONE		Treasurer Name MRS. JANET LAWRENCE			
Street Address		Street Address 178 GRAY ST			
City	State	Zip	City PROVIDENCE	State RI	Zip 02909
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 MR. DENNIS MCALOON		Director Name MS. MAUREEN MORRISSEY			
Street Address 16 VIRIO ST		Street Address 150 DARTMOUTH ST APT B157			
City NO. PROVIDENCE	State RI	Zip 02904	City PAWTUCKET	State RI	Zip 02860
Director Name MRS. JANET LAWRENCE		Director Name NONE			
Street Address 178 GRAY ST		Street Address			
City PROVIDENCE	State RI	Zip 02909	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.					
<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 JANET LAWRENCE				Date 4/23/2023	
Signature of Officer/Authorized Representative <i>Janet Lawrence</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