



**State of Rhode Island
Department of State - Business Services Division**

REC'D RHODES BSO
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Annual Report for the year: 2023

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.

1. Entity ID Number 28786		2. Exact name of the Corporation Mount Zion African Episcopal Church & Society in Newport			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address 101 Van Zandt Ave			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Rev. Alvin T. Riley, Jr.			Vice-President Name		
Street Address 101 Van Zandt Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Phillip A. Douglass			Director Name Donald R. Green		
Street Address 93 Amesbury Circle			Street Address 39 Gould St.		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Daniel C. Mulligan			Director Name Rev. Alvin T. Riley, Jr.		
Street Address 116 Van Zandt Ave			Street Address 176 Highland St		
City Newport	State RI	Zip 02840	City Brockton	State MA	Zip 02301
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 REV. ALVIN T. RILEY, JR.					Date 9-28-2023
Signature of Officer/Authorized Representative <i>Rev. Alvin T. Riley, Jr.</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

FILED
 OCT 06 2023
 BY V265C
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