



State of Rhode Island
Department of State - Business Services Division

FILED

APR 8 2024

BY *11844*

Annual Report for the year: 2024
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 <i>028769</i>		2. Exact name of the Corporation <i>Mount Vernon Baptist Association</i>			
3. State of Incorporation <i>RI</i>		5. Brief description of the character of business conducted in Rhode Island <i>Baptist Church which conducts religious services</i>			
4. NAICS Code <i>813110</i>					
6. Principal Office Address <i>210 Plainfield Pike</i>			City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Scott Knox</i>			Vice-President Name <i>Tracey Griffing</i>		
Street Address <i>150 Foster Center Road</i>			Street Address <i>55 Balcom Road</i>		
City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>	City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>
Secretary Name <i>Geraldine DeNuccio</i>			Treasurer Name <i>Karen Ward</i>		
Street Address <i>150 Potter Road</i>			Street Address <i>55 Balcom Road</i>		
City <i>Greene</i>	State <i>RI</i>	Zip <i>02827</i>	City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>
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 <i>Scott Knox</i>			Director Name <i>Tracey Griffing</i>		
Street Address <i>150 Foster Center Road</i>			Street Address <i>55 Balcom Rd.</i>		
City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>	City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>
Director Name <i>Geraldine DeNuccio</i>			Director Name <i>Karen Ward</i>		
Street Address <i>150 Potter Road</i>			Street Address <i>55 Balcom Rd.</i>		
City <i>Greene</i>	State <i>RI</i>	Zip <i>02827</i>	City <i>Foster</i>	State <i>RI</i>	Zip <i>02825</i>
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 <i>[Signature]</i> <i>Moderator (President)</i>				Date <i>4-3-2024</i>	
Signature of Officer/Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov