

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation	1 (10- 0	1	1 - 1	1: 01	1	
000091562	Abundar	nt LIFE C	nurc	h of GOC	d in Chris-	/	
3. State of Incorporation	1 1 .	Rbode Island - Street Addres	s		City	Zip	
K1	1532-34 Broad St				cranston	02905	
5. Foreign corporation. Enter prin	cipal office address		Сіцу		State	Zip	
6. Brief Description of the character	of the affairs which are us	standly available to the de t	James	<u>,</u>			
Church	sy ine agjairs which are ac	лиану сопанска III квоае IS	aana				
C. THAT CIT							
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTAC	HMENT)	FILL IN SPACES B	EFORE USING ATTAC	HMENTS	
President Name			Vice President Name				
Shirtey Robinson							
Street Address 368 Hawkins St			Street Address				
368 Hawku	U UT	7:21	etu.		Te	7.	
Providence	RI	02904	City		State	Zip	
Secretary Name	1 / +	101	Treasurer	Nama		1	
Shirley BROWN				Truspitor (with			
Street 4ddress				Street Address			
37/ Sayles	St.						
City	State	Zip C	City		State	Zip	
Providence	I KL	02905				-	
8. NAMES AND ADDRESSES			-				
THE NUMBER OF DIRECT	ORS OF A DOMESTI	C (RHODE ISLAND)	•		BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name				
Anthony King			Christen tate				
Street Address	<i>-1</i>		Street Add				
10 Millard	Js.	Len	85	Shona	T		
Providence	RI	02905	City	varwick	State RT	02893	
Director Name	T N+	100	Director I			1000	
william 4	BROWN		171766207 1	vume			
Street Address			Street Add	iress			
47 Meri	14 St						
City Daniel	Stale 0+	Zup 02909	City		State	Zip	
Providence	N+	100109	l				
9. REGISTERED AGENT IN	RHODE ISLAND						
This information is currently	of record in the Offic	e of the Secretary of Sta	te. Change:	s require filing of Form	n 641 - R.J.G.L. 7-6-13/	7-6-78	
This report mus	be signed by either	the President, Vice Pre	sident, Sec	cretary, Assistant Sec	retary, Treasurer, Rece	iver or Trustee	
		FILED	١				
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		FEB 17 20	10				
		0 1 / 20	IŲ				
		Bym					
		C)		Under penalty of perju	ry, I declare and affirm t	hat I have examined this	
		5 XX (1/1)	70	report, including any ac	companying schedules a	nd statements, and that all	
		\mathcal{M}^{γ}	18	statements contained no	crein are true and correct.	-2/14/201	
File Date		1		shirley &	Brown	0//7/201	
Charle No.			_	Signature of Offic	.	Date	
Check No			(Shirley &	BROWN		
By:		_		Print or Type Name of O	fficer		
	DITTE LICE CARL			Secretar	· C/		
FOR SECRETARY OF S	TATE USE ONLY		•	Title of Officer	-1		

Form 631 Rev. 09/17