



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>509350</b>		2. Exact name of the Corporation <b>The Ark of Life Center</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>The Ark is a retreat center to serve individuals and families in need of physical, emotional and spiritual healing.</b>			
5. Principal office address <b>981B Kingstown Road</b>		City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Marjorie F. Albright</b>			Vice-President Name <b>None</b>		
Street Address <b>981B Kingstown Road</b>			Street Address		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Sharon L. Stanton</b>			Treasurer Name <b>Lisa E. Berndt</b>		
Street Address <b>100 Woodruff Avenue</b>			Street Address <b>25 Walts Way</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Marjorie F. Albright</b>			Director Name <b>Lisa E. Berndt</b>		
Street Address <b>981B Kingstown Road</b>			Street Address <b>25 Walts Way</b>		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Sharon L. Stanton</b>			Director Name <b>None</b>		
Street Address <b>100 Woodruff Avenue</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

**FILED** *mk*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

**MAR 01 2013**

**BY** *CK 191521*

*12:22*

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.

*Marjorie F. Albright* 2/27/13  
 Signature of Officer Date

**Marjorie F. Albright**

Print or Type Name of Officer

**President**

Title of Officer