RI SOS Filing Number: 201562012720 Date: 05/28/2015 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.	2. Exact name of the Corporation
000091562	Abundant Life Church of God in Christ
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	316 Pocasset Ave. Unit 324

5. Principal office address	City	State	Zip
Church	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Shirley Robinson	368 Hawkins st.	Providence	RI	02904

Vice-President Name	Street Address	City	State	Zip
Shirley Brown	368 Hawkins St.	Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Christen Brown	368 Hawkins st.	Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip

SECRETARY OF STATE CORPORATIONS DIV. 2015 MAY 28 PM 2:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Anthony King	17 Goddard St.	Providence	RI	02908
Sharon Maxie	18 Warren Ave.	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Alicia Maxie	18 Warren Ave.	Pawtucket	RI	02860
Brad Johnson	93 Summit St.	Pawtucket	RI	02860

8. REGISTERED AGENT IN RHODE ISLAND

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, duly Authorized Representative, Receiver or Trustee

FILED
MAY 28 2015
BY

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.

Shirley Robinson 5/27/15
Signature of Officer or Authorized Representative Date

Shirley Robinson
Print or Type Name of Officer or Authorized Representative

File Date
Check No 249776
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised 12/04/2013 33123