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	Vice-President Name
Shirley Robinson	Shirley Brown
Street Address: 368 Hawkins st.	Street Address: 368 Hawkins St.
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904
Secretary Name: Christen Brown	Treasurer Name
Street Address: 368 Hawkins st.	Street Address
City: Providence State: RI Zip: 02904	City State Zip

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

Director Name	Director Name
Anthony King	Alicia Maxie
Street Address: 17 Goddard St.	Street Address: 18 Warren Ave.
City: Providence State: RI Zip: 02908	City: Pawtucket State: RI Zip: 02860
Director Name: Sharon Maxie	Director Name: Brad Johnson
Street Address: 18 Warren Ave.	Street Address: 93 Summit St.
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 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

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

FILED
MAY 28 2015
BY cw 249776

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

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

Form No. 631
Revised: 04/2014