



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 108220		2. Exact name of the Corporation Christian Life Center Assembly of God	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Church	
5. Principal Office Address 756 Broad St. (P.O. Box 225)		City Central Falls	State RI
		Zip 02863	
6. List ALL oficers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pastor James P. Moore		Vice-President Name John Jollie	
Street Address 35 Willow Rd.		Street Address 465 Bullock Pt. Ave.	
City Greenville	State RI	City Riverside	State RI
Zip 02828		Zip 02915	
Secretary Name Yolanda P Moore		Treasurer Name Yolanda P. Moore	
Street Address 35 Willow Rd		Street Address 35 Willow Rd	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
7. 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 Ken Perry		Director Name Mike Fiske	
Street Address 90 Rhode Island Ave.		Street Address 54 Washington St.	
City Pawtucket	State RI	City Central Falls	State RI
Zip 02860		Zip 02863	
Director Name John Jollie		Director Name	
Street Address 465 Bullock Pt. Ave		Street Address	
City Riverside	State RI	City	State
Zip 02915			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Pastor James P. Moore			Date 6.7.16
Signature of Officer/Authorized Representative <i>Pastor James P. Moore</i>			

FILED

JUN 10 2016

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