



**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		2. Exact name of the Corporation			
160713		Christian Life Worship Center			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Church			
5. Principal Office Address		City	State	Zip	
420 Middle Highway		Barrington	RI	02806	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Barbara M. Holmes</b>			Vice-President Name <b>Ronald Brackett</b>		
Street Address <b>420 Middle Highway</b>			Street Address <b>PO Box 574</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Marion</b>	State <b>CT</b>	Zip <b>06444</b>
Secretary Name <b>Rhonda Holmes</b>			Treasurer Name <b>Rhonda Holmes</b>		
Street Address <b>420 Middle Highway</b>			Street Address <b>420 Middle Highway</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Barbara M. Holmes</b>			Director Name <b>Ronald Brackett</b>		
Street Address <b>420 Middle Highway</b>			Street Address <b>PO Box 574</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Marion</b>	State <b>CT</b>	Zip <b>06444</b>
Director Name <b>Rhonda Holmes</b>			Director Name		
Street Address <b>420 Middle Highway</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
<b>Barbara M. Holmes</b>				<b>07/06/2016</b>	
Signature of Officer/Authorized Representative					
<i>Barbara M. Holmes</i>					

**FILED** *oz*

**JUL 13 2016**

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