



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 21 AM 11:24

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000159106		2. Exact name of the Corporation CENTRE D'ADORATION LA VIE ABONDANTE	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island CHURCH WORSHIP SERVICE	
4. NAICS Code 813110			
6. Principal Office Address 1083 PARK AVENUE		City CRANSTON	State R.I.
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name ALEX MULAMBA		Vice-President Name JUDITH BOKO	
Street Address 159 Woodward Ave		Street Address 159 Woodward Ave	
City E. PROVIDENCE	State R.I.	City E. PROVIDENCE	State R.I.
Zip 02914		Zip 02914	
Secretary Name		Treasurer Name JONATHAN ILUNGA	
Street Address		Street Address 159 Woodward Ave	
City	State	City E. PROVIDENCE	State RI
Zip		Zip 02914	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name N SONA IZUA		Director Name PRUDENCE KAWINDA	
Street Address 40 LYMAN AVE		Street Address 11 GINA DR.	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name PATRICK AKAN		Director Name	
Street Address 220 BACKUS ST		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		Zip	
9. 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.			
<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 ALEX MULAMBA			Date 2/21/18
Signature of Officer/Authorized Representative 			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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