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

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

**Annual Report for the year:** 2017
**Non-Profit Corporation**

→ 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 | 2. Exact name of the Corporation |
|---|---|
| 000159106 | 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 | City | State | Zip |
|---|---|---|---|
| 1083 PARK AVENUE | CRANSTON | R.I. | 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. | Zip: 02914 | City: E. PROVIDENCE | State: R.I. | Zip: 02914 |
| Secretary Name: | | | Treasurer Name: JONATHAN ILUNGA | | |
| Street Address: | | | Street Address: 159 Woodward Ave | | |
| City: | State: | Zip: | City: E. PROVIDENCE | State: RI | 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: NSONA IZUA | | | Director Name: PRUDENCE KANINDA | | |
| Street Address: 40 LYMAN AVE | | | Street Address: 11 GINA DR. | | |
| City: JOHNSTON | State: RI | Zip: 02919 | City: JOHNSTON | State: RI. | Zip: 02919 |
| Director Name: PATRICK AKAN | | | Director Name: | | |
| Street Address: 220 BACHOK ST | | | Street Address: | | |
| City: PROVIDENCE | State: RI | Zip: 02907 | City: | State: | 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.***

*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 | Date |
|---|---|
| ALEX MULAMBA | 2/21/18 |

Signature of Officer/Authorized Representative: Alex Mulamba

SIGN DOCUMENT **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

FEB 21 2018
BY 324782

FORM 631 - Revised: 06/2017