



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

FILED
 MAY 31 2018
 BY *[Signature]*

Annual Report for the year: 2018

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 000108220		2. Exact name of the Corporation CHRISTIAN LIFE CENTER A/G			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHURCH			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 756 BROAD STREET/PO BOX 225			City CENTRAL FALLS	State RI	Zip 02863
7. List ALL officers (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 POINT AVE		
City GREENVILLE	State RI	Zip 02828	City RIVERSIDE	State RI	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	Zip 02828	City GREENVILLE	State RI	Zip 02915
8. 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 STREET		
City PAWTUCKET	State RI	Zip 02860	City CENTRAL FALLS	State RI	Zip 02863
Director Name JAMES P. MOORE			Director Name JAMES P. MOORE		
Street Address 35 WILLOW RD			Street Address 35 WILLOW RD		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative PASTOR JAMES P. MOORE				Date 5-25-2018	
Signature of Officer/Authorized Representative <i>Pastor James P. Moore</i>				SIGN DOCUMENT HERE	

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