RI SOS Filing Number: 201870640000 Date: 6/25/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee⁻ \$20.00

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

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1. Entity ID Number	2. Exact name of the Corporation				
30325117	All Makion Charco Of God In Christ				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Recorde Island	1/4 11 500 / 100	eligious educar	etron		
4. NAICS Code	inu chij v	3/19/00/3	-, -,		
813110					
6. Principal Office Address		City	State	Zip	
531 Fairmo	unt Sti	Le oursocket	RI	02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name	KINLOW	Vice President Name	ucotey		
Street Address	treet Address Street Address				
City ashington	State Zip Zip 20232	City Jacksocket	Stale	Zip 2593	
Secretary Name		Treasurer Name) = 2		
DENISE V	ance	LAYERHE 1-	PPLEGO	+7 <i>E</i>	
Street Address 5Th	trenue	Street Address 70 EVERGRE	EH ST	_	
City)	State ZIB 2895	Havi deuce	State	Zip	
121001509191	· · · · · · · · · · · · · · · · · · ·	M PAC TENGE	\ <u>-</u>		
8. List ALL directors (names and ac	ddresses). RI Corporations MUST lis	Latieast Inkee Oliectors.	ck the box to indicate	an attachment	
8. List ALL directors (names and ac	ddresses). RI Corporations MUST lis	Latieast Inkee Oliectors.	ck the box to indicate	an attachment	
Director Name Classification of 1.8 V. Street Address	ddresses). RI Corporations MUST lis	Che	Jack	4	
Director Name Ela. Oti 9 Y	STOMIT &	Che Director Name TOTA Street Address Quity	Jack	4	
Director Name Cla ot 3 Y Street Address 13 Bridgan	ST UNITE	Director Name Street Address City Director Name	Sints T	Zip D\$595	
Director Name Ela. ot 19 Y Street Address City Providence Director Name CHARIA CAF	STOMIT &	Che Director Name Street Address City Director Name Director Name City Director Name	Sints T	(SGA)	
Director Name Ela. Otis Yi Street Address City Providence	STOMIT &	Director Name Street Address City Director Name	Sints T	2ip 2575	
Director Name Ela. Director Name Street Address City Providence Director Name CHARIA CAF Street Address	STOMIT &	Che Director Name Street Address City Director Name Director Name City Director Name	State I	Zip D\$595	
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Director Name City Director Name City Director Name City Director Name City Street Address City City City Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statements	State Zip	Che Director Name THEA. Street Address City Director Name THEA. City Director Name Street Address City City City City City A Shing CM in the Department of Stall, Changes recomporrect.	State	Zip Zip Zip Zip Zip	
Director Name City Director Name City Director Name City Director Name City Street Address City City City Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statements	State State Zip Zip State Zip Zip State Zip And This information is currently of record re and affirm that I have examined into contained herein are true and contained herein are true and contained herein. Secretary, Assistant Secretary, Assistant Secretary, Assistant Secretary, Secretary, Assistant Secretary, Ass	Che Director Name THEA. Street Address City Director Name THEA. City Director Name Street Address City City City City City A Shing CM in the Department of Stall, Changes recomporrect.	State	Zip Zip Zip Zip Zip	
Director Name City Providence Director Name City Providence Director Name CHARIA Street Address City 9. Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres Name of Officer/Authorized Repres	State State Zip State Zip Zip State Zip Zip State A Correct and affirm that I have examined and state the examined herein are true and statent, Vice-President, Secretary, Assistant Secretary, Secretary, Assistant	Che Director Name THEA. Street Address City Director Name THEA. City Director Name Street Address City City City City City A Shing CM in the Department of Stall, Changes recomporrect.	State KIH GW State Quire filing Form 641. panying schedule tivo, Receiver or Trustee	Zip Zip Zip Zip Zip	
Director Name Ela. Street Address City Providence Director Name CHARIA GAF Street Address City P. Street Address City P. Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres	State Zip	Che Director Name Street Address City Director Name City Director Name City City City A Shing CM in the Department of State Changes rec this report, including any accompany correct. Cretary, Treasurer, duly Authorized Representa	State KIH GW State Quire filing Form 641. panying schedule tivo, Receiver or Trustee	Zip Zip Zip Zip Zip	
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MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 25 2018
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