



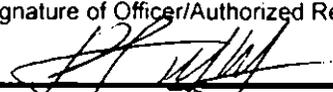
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

CREATED BY STATE
CORPORATION STATE
2019 APR 15 AM 11:20

- 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 000057406		2. Exact name of the Corporation New Life Assembly			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide a place of worship for believers in Jesus Christ			
4. NAICS Code 813110					
6. Principal Office Address 251 Post Road			City WAKEfield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith McNamar		Vice-President Name			
Street Address 25 Segar Ct.		Street Address			
City WAKEfield	State RI	Zip 02879	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 JASON Ferrando		Director Name Richard Ead			
Street Address 3 Laurel Lane		Street Address 825 Middlebridge Rd.			
City Westerly	State RI	Zip 02891	City WAKEfield	State RI	Zip 02879
Director Name Pam Faust		Director Name Michael Monteiro			
Street Address 37 East Hill Way		Street Address 2032 Ministerial Road			
City WAKEfield	State RI	Zip 02879	City WAKEfield	State RI	Zip 02879
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 KEITH McNAMAR				Date 4/12/19	
Signature of Officer/Authorized Representative 				FILED APR 15 2019 KLETGK6 11:21	