State of Rhode Island and					- J	
Department of Sta	ite - Busines	s Services D	Pivision			
Annual Report for the year: 2019 Non-Profit Corporation			FILED			
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00				MAY 2 0 2019		
-> Penalty: Additional \$25.00 fee if form is not filed by July 30.				250	20	
1. Entity ID Number	2. Exact name of	of the Corporation	BY_	<u> </u>		
000509350		The Ark of Life Center				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	1	Our mission is to give purpose in life, health through education, values, family, outreach				
4. NAICS Code \$13110	and community services.					
6. Principal Office Address			City	State	Zip	
54 Scallop Shell Way			Peace Dale	R.I	02879	
7. List ALL officers (names and add			Che	eck the box to indicate	e an attachment	
President Name Marjorie F. Mahoney			Vice-President Name Lisa E. Berndt			
Street Address 54 Scallop Shell Way			Street Address 2119 Sabal Palm Drive			
City Peace Dale	State R.I.	^{Zip} 02879	City Edgewater	State FL.	^{Zip} 32141	
Secretary Name Sarah E. Ford			Treasurer Name Mary E. Bannister			
Street Address 30 Ashton Street			Street Address 40 Tabor Avenue			
^{City} North Kingstown	State R.I.	^{Zip} 02852	City West Kingston	State R.I.	^{Zip} 02892	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Marjorie F. Mahoney			Director Name Mary E. Bannister			
Street Address 54 Scallop Shell Way			Street Address 40 Tabor Avenue			
City Peace Dale	State R.I.	^{Zip} 02879	City West Kingston	State R.I.	^{Zip} 02892	
Director Name Sarah E. Ford			Director Name Lisa E. Berndt	<u> </u>		
Street Address 30 Ashton Street			Street Address 2119 Sabal Palm Drive			
	State R.I.	^{Zip} 02852	City Edgewater	State R.I.	^{Zip} 32141	
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 declard statements, and that all statemen	e and affirm that its contained her	I have examined ein are true and	I this report, including any accomp	anying schedule	s and	
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 Represe		Date May 16, 2019				
Signature of Officer/Authorized Representative Mannie 5. Mannew						

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