



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91562		2. Name of Corporation Abundant Life Church Of God In Christ			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1532-34 Broad St.		City Cranston	Zip 02905
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS ACTIVITIES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Shirley Robinson			Vice President Name		
Street Address 180 Indiana Ave.			Street Address		
City Providence	State R.I.	Zip 02905	City	State	Zip
Secretary Name Shirley Brown			Treasurer Name Kiyomi Brown		
Street Address 371 Sayles St Apt B 3rd Flr.			Street Address 45 mawney st. Apt 2		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Christen Tate			Director Name William Brown		
Street Address 21 Frederick ST			Street Address 45 mawney st Apt 2		
City Prov.	State B.X.	Zip 02908	City Providence	State RI	Zip 02907
Director Name Sharon L. Maxie			Director Name		
Street Address 90 mowry st			Street Address		
City PROV	State RI	Zip 02908	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name SHIRLEY ROBINSON			Address		
Address 180 INDIANA AVENUE			City PROVIDENCE	Zip 02907	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



91562

File Date	6-20-05
Check No.	1018
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
Shirley Brown
Print or Type Name of Officer
Secretary
Title of Officer
6/17/05
Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2004

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>91562</u>		2. Name of Corporation <u>Abundant Life Church of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Corporate address in Rhode Island - Street Address <u>165 Congress Ave</u>	
5. Foreign corporation. Enter principal office address <u>N/A</u>		City <u>Providence</u>	Zip <u>02907</u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. <u>Religious & Educational</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>DR. HAROLD B. ROBINSON</u>		Vice President Name <u>Shirley A. Robinson</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name <u>Superintendent NATHANIEL V. WITCHER</u>		Treasurer Name	
Street Address <u>36 ARTHUR AVE #6</u>		Street Address	
City <u>East Providence</u>	State <u>RI</u>	City	State
Zip <u>02914</u>		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>Rev William Robinson</u>		Director Name <u>Rev Stephen A. Robinson</u>	
Street Address <u>1 Cadillac Dr</u>		Street Address <u>136 West Broadway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02840</u>	
Director Name <u>Christen Brown</u>		Director Name	
Street Address <u>165 Congress Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02907</u>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>Shirley A. Robinson</u>		Address	
Address <u>165 Congress Ave</u>		City <u>Providence</u>	Zip <u>02907</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

File Date By lmc

Check No. C36228

By _____

FOR SECRETARY OF STATE USE ONLY

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.

Superintendent Nathaniel V. Witcher 6-30-04
Signature of Officer Date

Superintendent NATHANIEL V. WITCHER 6-30-04
Print or Type Name of Officer

Superintendent / R. Secretary / AA
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2003

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>91562</u>		2. Name of Corporation <u>Abundant Life Church of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Corporate address in Rhode Island - Street Address <u>165 Congress Ave</u>	
5. Foreign corporation. Enter principal office address <u>N/A</u>		City <u>Providence</u>	Zip <u>02907</u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. <u>Religious & Educational</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>DR. HAROLD B. ROBINSON</u>		Vice President Name <u>SHIRLEY A. ROBINSON</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name <u>SUPERINTENDANT NATHANIEL V. WITCHER</u>		Treasurer Name	
Street Address <u>36 ARTHUR AVE #6</u>		Street Address	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02914</u>		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>REV. WILLIAM ROBINSON</u>		Director Name <u>REV. STEPHEN A. ROBINSON</u>	
Street Address <u>1 CADILLAC DRIVE</u>		Street Address <u>136 WEST BROADWAY</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02840</u>	
Director Name <u>CHRISTEN BROWN</u>		Director Name <u>CHARLENE E. FREEMAN</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>SHIRLEY A. ROBINSON</u>		Address	
Address <u>165 Congress Ave.</u>		City <u>Providence RI</u>	Zip <u>02907</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

File Date By WAS C30228

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

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.

Shirley Robinson
Signature of Officer

Date

Shirley Robinson
Print or Type Name of Officer

Vice-President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2002

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>91562</u>		2. Name of Corporation <u>Abundant Life Church of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Corporate address in Rhode Island - Street Address <u>165 Congress Ave</u>	
5. Foreign corporation. Enter principal office address <u>N/A</u>		City <u>Providence</u>	Zip <u>02907</u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. <u>Religious & Educational</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>DR. HAROLD B. ROBINSON</u>		Vice President Name <u>Shirley A. Robinson</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>Rev William Robinson</u>		Director Name <u>Rev Stephen A. Robinson</u>	
Street Address <u>1 Cadillac Drive</u>		Street Address <u>136 West Broadway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02907</u>		Zip	
Director Name <u>CHRISTEN BROWN</u>		Director Name <u>CHARLENE E. FREEMAN</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>Shirley Robinson</u>		Address <u>Abundant Life Church of God In Christ</u>	
Address <u>165 Congress Ave</u>		City <u>Providence, RI</u>	Zip <u>02905</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

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.

File Date	<u>JUN 30 2004</u>
By	<u>Shirley Robinson</u>
Check No.	<u>C36228</u>
By	
FOR SECRETARY OF STATE USE ONLY	

Signature of Officer	<u>Shirley Robinson</u>	Date	
Print or Type Name of Officer	<u>Shirley Robinson</u>		
Title of Officer	<u>Vice-President</u>		



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Office of the Secretary of State

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91562		2. Name of Corporation Abundant Life Church of God In Christ	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 165 Congress Ave	
5. Foreign corporation. Enter principal office address N/A		City Providence	Zip 02907
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. Religious & Educational			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DR. HAROLD B. ROBINSON		Vice President Name SHIRLEY A. ROBINSON	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State R.I.
Zip 02907		Zip 02907	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Rev William Robinson		Director Name Rev. Stephen A. Robinson	
Street Address 1 Cadillac Drive		Street Address 136 West Broadway	
City Providence	State RI	City Newport	State RI
Zip 02907		Zip	
Director Name CHRISTEN BROWN		Director Name CHARLENE E. FREEMAN	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Shirley Robinson		Address Abundant Life Church of God In Christ	
Address 165 Congress Ave		City Providence, RI	Zip 02905

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

File Date _____ By _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
Shirley Robinson

Print or Type Name of Officer
Shirley Robinson

Title of Officer
Vice-President



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Office of the Secretary of State

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100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2000

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91562		2. Name of Corporation Abundant Life Church of God In Christ	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 165 Congress Ave	
5. Foreign corporation. Enter principal office address N/A		City Providence	Zip 02907
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. Religious & Educational			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DR. HAROLD B. ROBINSON		Vice President Name Shirley A. Robinson	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Rev. William Robinson		Director Name Rev. Stephen A. Robinson	
Street Address 1 Cadillac Drive		Street Address 136 West Broadway	
City Providence	State RI	City Newport	State RI
Zip 02907		Zip	
Director Name Christen Brown		Director Name Charlene E. Freeman	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Shirley A Robinson		Address	
Address 165 Congress Ave.		City Providence	Zip 02907

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

By Kase
C36228

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

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.

Shirley Robinson
Signature of Officer Date

Shirley Robinson
Print or Type Name of Officer

Vice-President
Title of Officer

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

1999

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91562		2. Name of Corporation Abundant Life Church of God In Christ			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 165 Congress Ave		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address N/A		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. Religious & Educational					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Harold B. Robinson			Vice President Name Shirley A. Robinson		
Street Address 165 Congress Ave			Street Address 165 Congress Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Rev William Robinson			Director Name Rev Stephen A. Robinson		
Street Address 1 Cadillac Drive			Street Address 136 West Broadway		
City Providence	State RI	Zip 02907	City Newport	State RI	Zip
Director Name Christen Brown			Director Name Charlene E. Freeman		
Street Address 165 Congress Ave			Street Address 165 Congress Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Shirley A. Robinson			Address		
Address 165 Congress Ave.			City Providence, RI		
			Zip 02907		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

By **Shirley A. Robinson**

C36228

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

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.

Shirley A. Robinson
Signature of Officer

Date

Shirley Robinson
Print or Type Name of Officer

Vice-President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

1998

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91562		2. Name of Corporation Abundant Life Church of God In Christ	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 165 Congress Ave	
5. Foreign corporation. Enter principal office address N/A		City Providence	Zip 02907
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. Religious & Educational			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DR. HAROLD B. ROBINSON		Vice President Name Shirley A. Robinson	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Rev. William Robinson		Director Name Rev Stephen A. Robinson	
Street Address 1 Cadillac Drive		Street Address 136 West Broadway	
City Providence	State RI	City Newport	State R.I.
Zip 02907		Zip	
Director Name CHRISTEN BROWN		Director Name CHARLENE E. FREEMAN	
Street Address 165 Congress Ave		Street Address 165 Congress Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Shirley A. Robinson		Address	
Address 165 Congress Ave.		City Providence	Zip 02907

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

By **KMC**
C36228

File Date _____
Check No. _____
By _____

FOR SECRETARY OF STATE USE ONLY

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.

Shirley Robinson
Signature of Officer
Shirley Robinson
Print or Type Name of Officer
Vice-President
Title of Officer



STATE OF RHODE ISLAND
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Office of the Secretary of State

Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>91562</u>		2. Name of Corporation <u>Abundant Life Church of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Corporate address in Rhode Island - Street Address <u>165 CONGRESS AVE</u>	
		City <u>Providence</u>	Zip <u>02907</u>
5. Foreign corporation. Enter principal office address <u>N/A</u>		City	State <u>RI</u>
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. <u>Religious & Educational</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>DR. HAROLD B. ROBINSON</u>		Vice President Name <u>SHIRLEY A. ROBINSON</u>	
Street Address <u>165 CONGRESS AVE</u>		Street Address <u>165 CONGRESS AVE</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>Rev. William Robinson</u>		Director Name <u>Rev Stephen A. Robinson</u>	
Street Address <u>1 CADILLAC DRIVE</u>		Street Address <u>136 West Broadway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02907</u>		Zip	
Director Name <u>CHRISTEN BROWN</u>		Director Name <u>CHARLENE E. FREEMAN</u>	
Street Address <u>165 Congress Ave</u>		Street Address <u>165 Congress Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>Shirley A. Robinson</u>		Address <u>Abundant Life Church of God In Christ</u>	
Address <u>165 Congress Ave</u>		City <u>Providence</u>	Zip <u>02907</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 30 2004

By kmcc

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.

Shirley Robinson
Signature of Officer Date

Shirley Robinson
Print or Type Name of Officer

Vice-President
Title of Officer

File Date

Check No.

By

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