

## 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 CO Filing Period: June 1 - June (FORM MUST BE TYPED OR PRI	c 30 • Filing F	ce: \$20.00	eroki rok in	E LEAR _	2005
1. Corporate ID No. 91562	2. Name of Corporation Abundant Life Church C	Of God In Christ	<del>.</del>		
3. State of Incorporation RHODE ISLAND	1	Rhode Island Street Address	st.	Crans	ton 02905
5. Foreign corporation. Enter prin	ecipal office address		Cuy	State	. Zip
6. Brief Description of the character RELIGIOUS ACTIVITIES.	of the affairs which are ac	itually conducted in Rhode Isl	and	<u></u>	
7. NAMES AND ADDRESSES	01.	5: (*x* box for attach 5 0 1	IMENT)	ES BEFORE USIN	G ATTACHMENTS
Sircet Address 180 I	ndiana	Ave.	Street Address		
Providence	State R. I.	<sup>Zip</sup> 02905	City	State	Zip
SHIRLEY	Brown		Treasurer Name KIYON	i Brown	N
371 SAYIES	St Apt B	3ed FIR.	Sircei Address 45 Mawi	··	Apt a
Providence	RI	IZIP  OO 905  RS: CXT BOX FOR ATTA	Providence	State RI	OSG ATTACHMENTS
			_		N. THREE (3). R.I.G.L. 7-6-2
ChristEU	TAKE		William Sirect Address	n Brow	V.
21 Frederick	S7	12/2	45 maw)		Apt 2
Prov.	B.Z.	240 02908	Providence Director Name	Siaic	02907
Sharan L	. Maxi	e	Street Address		
90 Mowa	state of	7710	City	State	2.tp
PROU 9. REGISTERED AGENT IN	RI	02908		ľ	
Agent Name SHIRLEY ROBINSON			Address		, , , , , , , , , , , , , , , , , , , ,
Address 180 INDIANA AVENUE			City PROVIDENCE		21p 02907
This report must be	signed in ink by citl	her the President, Vice 1	<u> </u>	stant Secretary, Tre	easurer, Receiver or Trustee
					_

	 91562	
•		

	91302	
File Date _	6.70-05	
Check No	101 δ	
Ву:	0	,
FO	R SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm tha report, including any accompanying schedules and	
· //- · · · · · · · · · · · · · · · · ·	1 ,
statements chittained herein are true and correct.  Mignature of Officer f	6/17/05
Hignature of Officer	Date
Shirley Brown	
Print or Type Name of Officer	
Secretary	
Title of Officer	<u> </u>
	Form 631 Rev. 04/04

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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

FOR SECRETARY OF STATE USE ONLY

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1	• • • • • • • • • • • • • • • • • • • •	Fee: \$20.00		6	2004
FORM MUST BE TYPED O		• .			
1. Corporate ID No.	2. Name of Corporate	ion / / 1	rect of God I	r. 11 1 1	· -
91562	Abund AM	It Life (hu	irch of God	N CHRIST	
3. State of Incorporation	/   '	in Rhode Island - Street Add	lress	City	Zip
Rhode Island	1 /65 Co	Ngress AVE	·	TROUIDEN	Zip 02907
5. Foreign corporation. Ente	r principal office address	—)——	City	State	Zip
<i>N/A</i>				<u>l</u>	
6. Brief Description of the cho	racter of the offairs which	are actually conducted in Rh	ode Island.	•	
$\mathcal{P} / \cdots$	È c/ 1'	./			
1)-e/1910US	Education	VA /			
7. NAMES AND ADDRES	SES OF THE OFFICE	RS ("X" BOX FOR ATTAC		BEFORE USING A	TTACHMENTS
President Name	1321		Vice President Name	D/1	
DR. HAROLO	1 B. Robin	SON	Shirley A.	KODINSO	<i>\\</i>
Street Address			Street Address		
165 CANGE	POCS AUD		165 CONGRES	is Allo	
Ciny	State AVE	Zip	Circ	State	Zip
PROVIDENCE	$\mathcal{R}.\mathcal{I}.$	02907	Maridago	<i>R</i> ナ	02907
Secretary Name	·— <u></u>	<u> </u>	Treasurer Name		//
Superintender	+ Alamanal 1	11. ETOLOR	Treasurer Name		
Siree Address	י <u>רואיא אין אייא</u>	-WILLE	Canada da da		
	110 #		Street Address		
36 ARThur 1	1100				190
CIN P 1	State DT	Zip 120	City	State	Zip
East Trovidence		02914	<u></u>		
8. NAMES AND ADDRES	SSES OF THE DIRECTORS OF A DOME	ORS ("X" BOX FOR ATTA	CHMENT) TILL IN THE SI CORPORATION SHALL NO	PACES BEFORE USI T BE LESS THAN T	ING ATTACHMENTS HREE (3), R.I.G.L. 7-6-23
			Director Name		
Director Name	$\mathcal{D}_{I}$ .			181	•
Key William	KODINSON		Ker STEPHEN	H. XODINS	on_
Street Address			Street Address		
/ CAdillAC	Dr		1/36 West \$	20AdW AY	
Cil	State	Zip	City	State	Zip
+Royadowro	State RI	02907	Mouse	$\mathcal{L}$	E02840
Director Name			Director Name		<u> </u>
Christen E	T ~ 50				
Street Address	7000X		Street Address		
Siree numers Co. A. C.	RACE AIDP		Street Madress		N 1886
763 CONG	July July C	72	Circ	State	Ulzin C -C
Ta alkid	State >T	Zip A A A A A	City	Siate	Nan Emin
Travidence	<u> </u>	83907	<u> </u>	1	
9. REGISTERED AGEN	I IN RHODE ISLAND -	DO NOT ALTER - Chan	iges require filing of Form 64	1 - R.I.G.L. 7-6-13 / 7	———— • <i><!--</i-->_,</i>
Agent Name	e '		Address		모
Shirle & A	Tobinson		1		
Address		······································	City	Zip	
16500	ngress Ave		Providence	· · · · · · · · · · · · · · · · · · ·	2907
L	<i>y</i>	<u> </u>	1,,000,1464		~ 1 4 /
This report must be sig	ned in ink by either	the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasu	rer, Receiver or Trustee
		,			
		<b>-</b>			
	FILE	L)	Under penalty of perjury	I declare and affirm the	hat I have examined
	A B Come reaco	<del>-</del>	this report, including any		
	TIN 2 A	<del>20</del> 84	and that all statements co		
	10M 9 A	-04.		1 1	di
File Date	Di YAN	<b>√</b> €	$C \cdot + / \cdot$	1/1/the 1/1/	1/1/hon 4-21-11
1 He Date	<del></del>	26 22 4	Signature of Officer	1 " (Burning)	Date
Check No.		>1e220		11	41 / 4
Check No.		•	Sperintendent/	UATHANIEL V.W.	itcher 6300

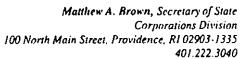


Matthew A. Brown, Secretary of State Corporations Division

Form 631 Rev. 6/02

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

NON-PROFIT CORPORATION ANNUAL R	EPORT FOR THE	EVEAR 200	3.3
Filing Period: June 1 - June 30 • Filing Fee: \$20.00		2067	<u> </u>
(FORM MUST BE TYPED OR PRINTED IN BLACK)		_	
1. Corporate ID No. 2. Name of Corporation	1 ( 4 (		
91562 Abundant Lite Chi	schot God I	N ChRIST	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addres	5.5	90	Zip
Rhode Island 165 Congress A	ve	PROVIDENCE	02907
5. Foreign corporation. Enter principal office address	City	State	Zip
N/A			
6. Brief Description of the character of the affairs which are actually conducted in Rhod	e Island.		<del>'</del>
selinious i Educational			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTAC	HMENTS
President Name	Vice President Name	1 .	
DR. HAROLD B. RODINSON	Shirley A. S	O DINSON	
	Street Address		
165 CONGRESS AVE PROVÍDENCE RI 02907	165 CONGRE	SS AVE	
City State 72.T	City	State 	Zip
Providence KI 02907	PROVIDENCE	<u> </u>	02907
Secretary Name	Treasurer Name		- ,
Superintendent NATHANIEL V. Witcher			
Sircei Address	Street Address		
36 ARThur AVE #6		<u> </u>	
East Providence State RI 02914	City	State	Zip
		<u></u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACI THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) O			
Director Name	Director Name		.:.1
Rev. William Robinson	<b></b> /	1 Palis	<b>≣.</b> JoS
Street Address	Kev Stephen	_ <u>MNODIN</u>	TON SO
100 dilla Daisa	136 (100 1 P	andeline	5 50 6
City CAdillAC DRIVE Zip	136 West 51	COACHAY State	13 × C
1	1	77 7	
Providence RT 02907	Newport		ν <u></u>
Christen Brown	Charlene E	FROON	ZN SEC
Street Address	Street Address	· / ICEC ///	74/0
165 CONGRESS AVE	165 CONGRE	SS AVO.	로 3
Circa State Zin	Ciry	State	Zip _
Trovidence KI 02907	PROVIDENCE	KI	02907
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Change	es require filling of Form 641 -	R.I.G.L 7-6-13 / 7-6-78	<del></del>
Agent Name	Address		<del></del>
Shirley A. Robinson	ļ	-	
Address	City .	Zip	
165 Congress Ave.		2 029	70 Y
	<b></b>		
This report must be signed in ink by either the President, Vice President	ident, Secretary, Assistant Se	cretary, Treasurer, R	eceiver or Trustee
FILED	Hada analus of ancions I d	and off-wheel he	
	Under penalty of perjury, I details report, including any acceptance.		
JUN 3 01 2004	and they all sigtements conta		
JUN 3 0 2004		// / ·	
File Date Y MS	1 X Keiler K	Obensas	
1 (2/12)	Signatury of Office	7 1.	Date
Check No.	Shillow F	(obinson	
	Print or Type Name of Officer	<u> </u>	
By	- Vica Da	esident	
FOR SECRETARY OF STATE USE ONLY	Title of Officer	JUENT	Form 631 Rev. 6/02



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BIACK)

FURM MUST BE ITTED UK PK	INTED IN BLACK)		· · · · · · · · · · · · · · · · · · ·		<del> </del>
1. Corporale ID No. 91562	2. Name of Corporation	nt Life 1	Church of Ga	d IN Chr	157
3. State of Incorporation Rhode Island	4. Corporate address in	Rhode Island - Street Add	ress	Providence	02907
5. Foreign corporation. Enter prin	ncipal office address	sqrcos no	Ciry .	State	Zip
N/A				<u> </u>	<u> </u>
6. Brief Description of the characte		, ,	ode Island.		
Religious;	Educa.				
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	("X" BOX FOR ATTAC	Vice President Name	EFORE USING ATTAC	HMENTS
DR. HAROLD	B. Robin:	son		Robinson	
Sircei Address /65 CONGRES Providence	ss Ave		165 CONGRES	s Ave	•
Sin 1	State	Zip	Cin	State 7	7.ip
MOVIDENCE		02907	Treasurer Name	<u> </u>	02907
Secretary nume		··			
Street Address			Street Address	•	<b>,</b>
City	State	Zip	City	State	SEC.
8. NAMES AND ADDRESSES THE NUMBER OF DIREC	OF THE DIRECTOR	S ("X" BOX FOR ATTAI TIC (RHODE ISLAND)	CHMENT) 🗍 FILL IN THE SPA CORPORATION <u>SHALL NOT I</u>	CES BEFORE USING A BE LESS THAN THREE	TTACHMENTS (3). R.F.G.L. 7-6-23
Director Name	7 /		Director Name		
Rev William	KOBINSON	<i>,</i>	Director Name Rev Stephen Street Address	A. Kobii	SON
Street Address	_		Street Address  136 West BR	PAROWAY	
CAdillAC Bayle	State RT	02907	New PORT	Siate	E 21p 17
Director Name		10.05.70	Director Name		<u> </u>
ChRISTEN	BROWN_		Charlene 1	F. Freem	AN
165 CONGRE	cc Aup.		165 CONGRES	SS AVP	
Ciph	State RT	Zip	1992 1	State RT	Zip
MOYIDENCE_		<sup>Zip</sup> 02907	_VILOVIDENCE_		02907
9. REGISTERED AGENT IN	RHODE ISLAND - D	O NOT ALTER - Chan	ges require filing of Form 641	- R.I.G.L. 7-6-13 / 7-6-78	
Shirely John	<u>son</u>		Abundant Life CV	wrch ay God.	In Christ
Address d 1	is and		Boundence. 1	7 020	90.5
This report must be signed	in ink by either th	e President. Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer, R	Receiver or Trustee
· apart mile we eighten	uy umu m			71	
	FIL	ED.	Under penalty of perjury, I	declare and affirm that I h	ave examined
		Lines Brill	this report, including any a	ccompanying schedules an	d statements,
	JUN 3	Q 2004	and that all statements cont	aince therein are true and o	orrect.
File Date		1 Km	& Kuley 4	Kobenson	
	——By	1 26 338	Signature of Office	01	Date
Check No.		C36228	Shirley Print or Type Name of Office	KObinson	
By			1:10- 1	escilon+	
FOR SECRETARY OF STATE	USE ONLY	•	Title of Officer	ES)MEIL	Form 631 Rev. 6/0



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

-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200/

Filing Period: June 1 - Ju FORM MUST BE TYPED OR PI	ine 30 • Filing Fe	e: \$20.00	REFORT FOR III	200	<u>/</u>
1. Corporate ID No. 91562	2. Name of Corporation	ut Life (	Church of Goo	IN Chris	+
3. State of Incorporation Rhate Island	1 10	Rhode Island - Street Addr 7 Ress AVQ	E22	Rovidence	62907
5. Foreign corporation. Enter pri		//cos Ave	City	State	Zip
6. Brief Description of the charact	er of the affairs which are	actually conducted in Rho	de Island.	L	<u> </u>
Religious ?	Educati	ONAL			
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
President Name DR. HAROLO	1 B. Robe	NSON	Vice Breydent Name  Shire Rev A.	Robinson	)
Street Address 65 CNOR.			Street Address	ss Ave	
200	State	Zip 2 G 2 7	City	State	Zip
Secretary Name	1 18 1	02907	Treasurer Name	R.I.	02907
Street Address			Street Address		S
City	State	12	Circ		
Chy	State	Ζιρ	City	State	
			CHMENT) [ FILL IN THE SPACE  CORPORATION SHALL NOT E		TTACHMENTS 33). R.J.G.L. 2-6-23
Director Name Rev William	Robinson		Rev. Stephen	A. Robinso	P
Street Address  L C Adilin C	Drive		Street Address 136 110 ct B	ROADWAY	
City	State DT	Zip	City	State	Zip
ROVIDENCE	1_/<1	02907	New Port Director Name		1
Christen Street Address	BROWN		CHARLENE E	. FreemA	N
165 CONGR	ess Ave	•	Street Address CONCIRY		
Providence	State	<sup>Zip</sup> 02907	Providence	State	02907
9. REGISTERED AGENT IN	RHODE ISLAND - DO	O NOT ALTER - Chang	es require filing of Form 641 -	R.I.G.L. 7-6-13 / 7-6-78	
Shirley Kot	PiNSON		Abwoult life (	Tured of God	In Christ
165 GNDZESS	s Aue		Providence,	RT 2ip 029	105
		President, Vice Pre.	sident, Secretary, Assistant Se		
_	·				<u></u>
	FIL	ED	Under penalty of perjury, I o	declare and affirm that I ha	ive examined
	nu <b>n</b> :	0 2004	this report, including any ac and that all statements conti		
File Date	Rv	Kipac	XV. O. C.	O. C.	
Check No.	<del></del>	(36228	Signiflure of Officer	71.	Pate
			Print or Type Name of Office	<u>(obinson</u>	•
FOR SECRETARY OF STATE	ISE ONLY			esident	
TOR SECRETARY OF STATE	OGIS ONLI		Title of Officer	<del></del>	Form 631 Rev. 6/0



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

Form 631 Rev. 6/02

"# * * *			•	_
NON-PROFIT CO	ORPORATION ANNUAL	REPORT FOR 7	THE YEAR	<u> 2000 </u>

Filing Period: June 1 - Ju FORM MUST BE TYPED OR PI	ine 30 • Filing	Fee: \$20.00	MEFORI FOR ID		).Oc 6
1. Corporate ID No. 91562	2. Name of Corpore		irch of God I	N Chris	+
3. State of Incorporation	11-1	ss in Rhode Island - Street Add	ress	S22 /	ICE 02907
S. Foreign corporation. Enter prin		Ngress AVE	I Cim	Thoriden	ce 02907
). Poreign corporation. Enter pri	ncipai office adaress A	•	City	State	Др
5. Brief Description of the charact	er of the affairs which	h are actually conducted in Rh	ode Island.		
Paliciano	£ 5 1	+1.1			
7. NAMES AND ADDRESSES	OF THE OFFICE	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING AT	TA GENERAL STATE
President Name			Vice President Name	DEFORE USING A	W Z Z Z
DR. HAROLD Z	B. Koban	SON	Shirley A.	FODINS O	
Street Address	4		Street Address	- 1 · a	2 77
165 CONGRESS		12:	165 CONGRES	<del></del>	<u> က ်ာဂ≷</u>
Providence	State T	02907	Bay do 100	State T	1 3000
Secretary Name	1/ <u>-</u>	102401	Treasurer Name	1	
					<u> </u>
Street Address			Street Address		
A	Te:	Ta:			
City	State	Zip	City	State	Zip
B. NAMES AND ADDRESSES	OF THE DIRECT	TORS ("X" ROX FOR ATTA	CHMENT) FILL IN THE SP	ACES REFORE USI	NG ATTA CHMENTS
			CORPORATION SHALL NOT		
Director Name	7 ·		Director Name	1501	(
Kev. William	KODINSO	N	Kev. Stephen	J A. Kob	INSON
Street Address			Street Address		,,,,,,,,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,</u>
/ CHOILIAC 1	Prive			LOADWAY	
Paris	State RT	02907	Ciry Alana A	State	Zip
PROVIDENCE Director Name	<u> </u>	02701	NewPort Director Name	161	
	BROWN		Charlene	F. FRE	EMAN
Street Address		1./0	Street Address		
165 CONGR	<u> 1855 / 1</u>	re	165 CONGR	ess AV	<u>೬</u>
Providence	State R.L	02907	Providence	State PT	02907
	RHODE ISLAND	- DO NOT ALTER - Chan	ges require filing of Form 641	- R.I.G.L. 7-6-13 / 7-	
Agent Name	<del></del>		Address		
Shraley A Roll	P105017				
Address			City	Zip	
145 Congr	ress Au	١,	Providence	0 2	1907
•			esident, Secretary, Assistant .	Secretary Treasur	er Receiver or Trustee
,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
	<b>F</b> 1	LED			
	, ,	- This lead the same	Under penalty of perjury,	I declare and affirm th	at I have examined
	JUN	30 2004	this report, including any		
<u> </u>			and that all statements cor		
File Date	Ву	_ KING		W. U.	•
File Date		-   C36228	Signature of Office	rouns	Date
Check No		_	5/: 12	Rohinsa	n
	/ <del></del> -		Print or Type Name of Office	<u>( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( </u>	
Ву		_	11:10 - 1	rociden	+
FOR SECRETARY OF STATE I	USE ONLY	_	Title of Officer	5)100	Form 631 Rev. 6/

Corporations Division



Check No.

FOR SECRETARY OF STATE USE ONLY

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

NON-PROFIT CO	<b>PRPORATI</b>	<b>ON ANNUAL</b>	REPORT FOR TH	EYEAR /	1999
Filing Period: June 1 - Ju	ne 30 · Filing I			17	ए १
FORM MUST BE TYPED OR PR		····		<del></del>	
1. Corporate ID No.	2. Name of Corporation	ant hife	Church of Goo	IN Ch.	rist
3. State of Incorporation Rhode Island	4. Corporate address	in Rhode Island - Street Add	dress	Provider	re 02907
5. Foreign corporation. Enter prin	ncipal office address	<del>- J</del>	City	State	Zip
6. Brief Description of the characte	er of the affairs which a	re actually conducted in Rh	node Island.	<del></del>	
Religious +	Education	mal			
7. NAMES AND ADDRESSES	OF THE OFFICER		CHMENT) FILL IN SPACES B	EFORE USING ATT	ACHMENTS
President Name DE- HAROLD	B. Robin.	Son	Vice President Name Shirley A. 7	ObiNSON	100 HILL
Street Address /65 CONGRES	s Ave		Street Address / 165 CONGRES	S AUR	REQ (€7%) (P+6)
Providence	State	02907	Providence	Siare	502907
Secretary Name			Treasurer Name		PH +
Street Address			Street Address		),E
City	State	Zip	City	State	Zip
			CHMENT) FILL IN THE SPA CORPORATION SHALL NOT B		
Director Name Rev William	1 Robin		Rev Stephen	A. Rob	~ . <del></del>
Screen Address I CADILAC	Drive	_	136 West B		
Providence	State	02907	New Port	State	Zip
Director.Name	Brown		Charlene	E. Free	2 man)
Street Address CONGR	A	) -	Street Address Cornors	ess Ave	
Providence.	State RI	2402907	PROVIDENCE	State	02907
9. REGISTERED AGENT IN	RHODE ISLAND -	DO NOT ALTER - Chan	iges require filling of Form 641 -	R.I.G.L. 7-6-13 / 7-6-	78
Ageni Name Shirtey 19.	Pobinson		Address		
Address d	ngress Ave		Cin Providence, R	I 355	107
	. 0		esident, Secretary, Assistant S		Receiver or Trustee
_	can l g	ED			
	L11	_ED	11 3 1. 6 7 6		
	JUN	<u>3</u> 0 <b>2004</b>	Under penalty of perjury, I this report, including any ac and that all statements continued in the statements continued in the statements and the statements are statements.	companying schedules	and statements.
	D.	1 (	and diagni statements cont		o concet.



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 6/02

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NON-PROFIT C	ORPORATI	ON ANNUAL	REPORT FOR TH	EYEAR 🖊	798
Filing Period: June 1 - J FORM MUST BE TYPED OR F	~	Fee: \$20.00		:9 9	ÿ
FURM MUST BE TYPED UK P 1. Corporate ID No.	2. Name of Corporation	on , , , , , , , ,	1 / 1	<u></u>	<del></del>
91562	Abunda	ut Life Chu	irch of God In	V CHRIST	
3. State of Incorporation, RHODE ISLAND		in Rhode Island - Street Add NGRESS AVE	ress	Panyidence	e 02907
5. Foreign corporation. Enter pr	incipal office address	29/2022	City	State	Zip
N/A				,	
6. Brief Description of the charac	ter of the affairs which a	re actually conducted in Rh	ode Island.		
Deligious ?	Education	ONAL			
7. NAMES AND ADDRESSE	S OF THE OFFICER	RS ("X" BOX FOR ATTAC	<del></del>	BEFORE USING ATT	ACHMENTS
President Name DR. HAROLD	B. RobiNS	SON	Shirley A. T	PobiNSON	
Street Address			Street Address		
165 CONGR	ess Ave	17:0	165 CONGRESS	State	12:0
165 Congr Providence	State	02907	PROVIDENCE	State	02907
Secretary Name			Treasurer Name		<u> </u>
Street Address		•	Street Address		<u> </u>
City	State	Zip	City	State	Zp 6
9 NAMEC AND ADDRECE	COLTRE DIBECTO	DC /0V° BAV EAD 1771		CEC BEFORE UCIN	C. Arth. Custingno.
			CORPORATION SHALL NOT		
Director Name	0/1		Director Name	. 7	
Kev-William	KODINSOI	V	Rey Stephen Sireci Address 136 West Br	1 A. Kobii	USTIN "
Street Address	20 10		Street Address	or and in	
CADILIAC .	DRIVE Istate	7in	City	State	Zip
PROVIDENCE	RI	02907	Newport	R.I.	1217
Christen B	BROWN		Charlene E	Freem	PAN
Street Address			Street Address CONGRE		
City Condense	State T	Zip 2907	Providence	State	02907
9. REGISTERED AGENT IN	RHODE ISLAND -		ges require filing of Form 641	- R.I.G.L. 7-6-13 / 7-6	
Agent Name			Address		<del></del>
Shirley A.	RobINSON				· · · · · · · · · · · · · · · · · · ·
Address 165 Congres			Providence 1	RI OS	2907
This report must be signed	d in ink by either t	he President. Vice Pre	esident, Secretary, Assistant S	<u> </u>	/
		FILED			
		JUN 3 0 2004	Under penalty of perjury, I		
		This or con.	this report, including any a and that all softenents con		
	В	V KMC	() // 1)	1.0 .	
File Date		(2)6224	X Kuley 4	colinas.	Ď
Check No.			Signature of Officer	Ochinson	Date



## 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 CO	ORPORATION	ON ANNUAL I	REPORT FOR TH	E YEAR <u>/9</u> '	<i>97</i>	
Filing Period: June 1 - June 1	une 30 • Filing Fi	ee: \$20.00		14 90	<del></del>	
1. Corporate ID No.	2. Name of Corporation	n	<u> </u>		<del></del> -	
91562	Ahundan	+ Life Ch	urch of God In	y Clopict		
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Addr	ess	City	Zip	
Rhode Island	165 Con	JORESS AV	<u></u>	Providence	02907	
5. Foreign corporation. Enter pri	incipal office address	<del></del> :==	City	State	Zip	
/V/	<u>A</u>					
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) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
DR. HAROLD B. RODINSON			SHIRLEY A. RODINSON			
165 6-10200	c Alla		Sirvel Address /			
165 CONGRESS AVE			165 CONGRESS AVE			
Providence	RI	02907	Providence	I RT	02907	
Secretary Name	- <del></del>	1000/0/	Treasurer Name		0070/	
<u> </u>	<del></del>					
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		[-"	J 5y			
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)   FILL IN THE SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIREC	TORS OF A DOMES	TIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Rev. William Robinson			Rev Stephen A. Robinson			
1 Cadilliac Drive			136 West Broadway			
City	State	Zip	City City	ACLUAY	Zip	
PROVIDENCE	RT	02907	Newport	2 T		
Director Name Director Name					<u>'</u> !	
CHRISTEN BROWN			Charlene F. Free MAN			
Sireel Address 165 Congress Ave			Sireei Address CONGRESS AVE			
City	State	Zip	765 CONGICE	133 14VE	[2-	
PROVIDENCE	RI	02907	Providence es require filing of Form 641	RT	02907	
9. REGISTERED AGENT IN	RHODE ISLAND - DO	NOT ALTER - Change	es require filing of Form 641	R.I.G.L. 7-6-13 / 7-6-78		
Agent Name Address						
Drirley A. Notinson			House Aut Life	Church of	200 IN Christ	
Address			Cin	Zip		
1/65 Congress			rovidence	029		
This report must be signed	in ink by either the	President, Mar Pres	ident, Secretary, Assistant S	ecretary, Treasurer, Re	ceiver or Trustee	
		E Bar Para		•		
	•	JUN 30 2004		·		
By IM ( 3 Conder penalty of perjury, I declare and affirm that I have examined						
this report, including any accompanying schedules and statements.						
	ነ0. ዚፈ ነ	s շ իւ հին	and that all statements conta	ained heroin are true and coi	rect.	
File Date		' ' ' ' ' '	X Vialen 4	Wall and		
	AS SIVE	# # 16 t	Signature of Office	De Da	nie	
Chèck No.		1 - 41 - 15 is	Shirley 1	Robinson		
Bv	NED	148038 <u> </u>	Print or Type Name of Offices			
FOR SECRETARY OF STATE U	ISE ONLY		Vice-Pre	sident		
TOR SECRETARY OF STATE O	36 ONL1		Title of Officer	<u> </u>	Form 631 Rev. 6/02	