RI SOS Filing Number: 202198859330 Date: 6/29/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation
→ 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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2021 JUN 29 P 3:05

1. Entity ID Number	2. Exact name of the Corporation
001690827	Life Focus Church of God
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: a non profit organization design to Help Our community - A Community Church.
4 NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
34 E AVE (Raw)	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Rev. Charles B. Fortune			Vice-President Name: Monime Nicolas		
Street Address: 155 Unit St			Street Address: 265 Unit St		
City: Woonsocket	State: RI	Zip: 02895	City: Raw	State:	Zip: 02809
Secretary Name: Eddie Jr Jones			Treasurer Name: Ruth Charles		
Street Address: 174 Grotto Ave #38			Street Address: 17 Crown St		
City: Raw	State: RI	Zip: 02860	City: Raw	State: RI	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Rev. Fortune					
Director Name: Emmanuel Charles			Director Name: Rev Donna Rene		
Street Address: 17 Crown St			Street Address: 2 Village ave		
City: Raw	State: RI	Zip: 02895	City: N. Smithfield	State: RI	Zip: 02860
Director Name: Stevenson Jr-Jones			Director Name:		
Street Address: 174 Grotto AVE apt 39			Street Address:		
City: Raw	State: RI	Zip: 02860	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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 Representative	Date
Rev. Charles B. Fortune	6/29/21

Signature of Officer/Authorized Representative

FILED
JUN 29 2021

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

FORM 631 - Revised: 08/2020