



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2020  
 Non-Profit Corporation

RECEIVED  
 R.I. DEPT OF STATE  
 BUS SVCS DIV

2021 OCT 28 PH 2:41

- 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 <b>00159106</b>		2. Exact name of the Corporation <b>CENTRE D'ADORATION LA VIE ABONDANTE</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>1083 PARK AVE UNIT 3</b>		City <b>CRANSTON</b>	State <b>R.I.</b>
		Zip <b>02910</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ALEX MULAMBA</b>		Vice-President Name <b>JUDITH BOKO</b>	
Street Address <b>159 WOODWARD AVE</b>		Street Address <b>159 WOODWARD AVE</b>	
City <b>E. PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02914</b>	City <b>E. PROVIDENCE</b>
			State <b>R.I.</b>
			Zip <b>02914</b>
Secretary Name <b>GAIL BOLDEN</b>		Treasurer Name <b>JONATHAN ILUNGA</b>	
Street Address <b>303 GREENWICH A201</b>		Street Address <b>159 WOODWARD AVE</b>	
City <b>WARWICK</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>E. PROVIDENCE</b>
			State <b>R.I.</b>
			Zip <b>02914</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NSONA IZUA</b>		Director Name <b>PATRICK DISU</b>	
Street Address <b>40 LYMAN AVE</b>		Street Address <b>151 BABCOCK STREET</b>	
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	City <b>PROVIDENCE</b>
			State <b>R.I.</b>
			Zip <b>02905</b>
Director Name <b>PRUDENCE KANINDA</b>		Director Name	
Street Address <b>11 GINA DRIVE</b>		Street Address	
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>ALEX MULAMBA</b>			Date <b>10/28/21</b>
Signature of Officer/Authorized Representative <i>Alex Mulamba</i>			

**FILED** ✓

OCT 28 2021  
 BY CU T9H36  
 2:44