



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 26 2023

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1. Entity ID Number 000509350		2. Exact name of the Corporation The Ark of Life Center			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Health through education, purpose in life, values, family, outreach and community service.			
4. NAICS Code 813110					
6. Principal Office Address 54 Scallop Shell Way			City Peace Dale	State R.I.	Zip 02879
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 Florida	Zip 32141
Secretary Name Kayla M. Openshaw			Treasurer Name Sarah E. Ford		
Street Address 40 Johnnycake Trail, South			Street Address 180 Vista Circle		
City Wakefield	State R.I.	Zip 02879	City North Kingstown	State R.I.	Zip 02852
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 Marjorie F. Mahoney			Director 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 Florida	Zip 32141
Director Name Kayla M. Openshaw			Director Name Sarah E. Ford		
Street Address 40 Johnnycake Trail, South			Street Address 180 Vista Circle		
City Wakefield	State R.I.	Zip 02879	City North Kingstown	State R.I.	Zip 02852
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>					
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 Marjorie F. Mahoney				Date January 23, 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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 Website: www.sos.ri.gov