

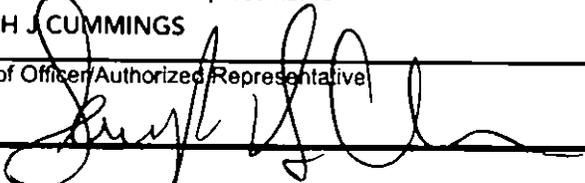


State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2023  
 Non-Profit Corporation

FEB 21 2023  
 2023  
 STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001731138</b>		2. Exact name of the Corporation <b>Freedom in Christ Church</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO WORSHIP, PRAY AND EVANGELIZE</b>			
4. NAICS Code Religious Organization <input checked="" type="checkbox"/>					
6. Principal Office Address <b>10 HIGH STREET</b>		City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</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>JOSEPH CUMMINGS</b>			Vice-President Name		
Street Address <b>45 PALM BEACH AVENUE</b>			Street Address		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>JOSEPH CUMMINGS</b>			Director Name <b>WILLIAM MURRAY</b>		
Street Address <b>45 PALM BEACH AVENUE</b>			Street Address <b>20 OSPREY ROAD</b>		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>SOUTH KINGSTON</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>NELSON EARL ESSEX</b>			Director Name <b>NICULAE PETCU</b>		
Street Address <b>9 ROBINSON STREET</b>			Street Address <b>19 WRIGHT AVENUE</b>		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>SOUTH KINGSTON</b>	State <b>RI</b>	Zip <b>02879</b>
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>JOSEPH J. CUMMINGS</b>				Date <b>02/07/2023</b>	
Signature of Officer/Authorized Representative 					

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