



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000789545

**2. Name of Corporation** SPIRIT AND TRUTH UNITED PENTECOSTAL CHURCH

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Principal Office Address**

No. and Street: 45 SHAWMUT AVE

City or Town: CENTRAL FALLS State: RI Zip: 02863 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO CONDUCT RELIGIOUS WORSHIP OF THE CHRISTIAN FAITH

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	CHRIS AXTON	413 CENTRAL AVE UNIT 3-203 PAWTUCKET, RI 02861 USA
TREASURER	LEANN MARTINEZ	365 TOWER ST FALL RIVER, MA 02724 USA
SECRETARY	LEANN MARTINEZ	365 TOWER ST FALL RIVER, MA 02724 USA
DIRECTOR	JORGE MARTINEZ	365 TOWER ST FALL RIVER, MA 02724 USA
DIRECTOR	MICHAEL CAMPAGNA	1 POLLY DR NORTH PROVIDENCE, RI 02861 USA
DIRECTOR	PATRICK LACHUT	44 RABBIT HILL RD CUMBERLAND, RI 02864 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRIS AXTON 1198 FISH ROAD TIVERTON , RI 02878

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of April, 2023 at 10:34:26 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LEANN MARTINEZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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