



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2023.

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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BUS SVCS DIV

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1. Entity ID Number <u>001673666</u>		2. Exact name of the Corporation <u>Jennings Ebenezer Connection</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO RAISE FUNDS FOR THE NEEDY</u>	
4. NAICS Code <u>813219</u>		<u>Food and clothing</u>	
6. Principal Office Address <u>40 31 Barnes Ave</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Alexis E Martin</u>		Vice-President Name <u>Lorenzo Merchant</u>	
Street Address <u>31 Barnes Ave</u>		Street Address <u>40 Lafayette Blvd</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Ontario</u>	State <u>CAN</u>
Zip <u>02919</u>		Zip <u>L1P1T2L</u>	
Secretary Name <u>LORRAINE B JOSIAH</u>		Treasurer Name <u>Heidi Baynes-Prime</u>	
Street Address <u>Belleview Estate</u>		Street Address <u>70 River Run Trail</u>	
City <u>St. John's</u>	State <u>Antigua</u>	City <u>Gadsen</u>	State <u>AL</u>
Zip <u>WI</u>		Zip <u>35901</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>AUGUSTA Greenway-Simon</u>		Director Name <u>Kelvin V JOSEPH</u>	
Street Address <u>Jennings Village</u>		Street Address <u>1248 Lenox Ave.</u>	
City <u>St. Mary's Parish</u>	State <u>Antigua</u>	City <u>Plainfield</u>	State <u>NJ</u>
Zip <u></u>		Zip <u>07080</u>	
Director Name <u>Robin Roberts</u>		Director Name <u></u>	
Street Address <u>Jennings Village</u>		Street Address <u></u>	
City <u>St. Mary's Parish</u>	State <u>Antigua</u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
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 <u>Alexis E Martin</u>			Date <u>5-1-23</u>
Signature of Officer/Authorized Representative FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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