



**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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000138014

2. Name of Corporation CITY OF CHRIST INTERNATIONAL CHURCH

3. State of Incorporation

State: RI

NAICS CODE

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: 92 BROAD STREET

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

A RELIGIOUS ORGANIZATION FOR THE PURPOSE OF TEACHING CHRISTIAN VALUES AND PRINCIPLES; WILL OPERATE AS A CHRISTIAN MINISTRY

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	AUGUSTINE A. MAKOR	398 EAST AVENUE PAWTUCKET, RI 02860 USA
SENIOR PASTOR/ PRESIDENT	AUGUSTINE A MAKOR MR	397 EAST AVE PAWTUCKET, RI 02860 USA
DIRECTOR	MALIA A. DIGGS	1611 PENNINGTON ROAD PHILADELPHIA, PA 19151 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**

AUGUSTINE A. MAKOR 1532 BROAD STREET, CRANSTON, RI 02905 P.O.BOX 6026
PROVIDENCE , RI 02904

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

Signed this 20 Day of June, 2023 at 8:33:03 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 AUGUSTINE A. MAKOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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