



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 *Amended*
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.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUL -3 P 1:21

1. Entity ID Number 000796537		2. Exact name of the Corporation OASIS OF GRACE BROKEN CHAINS MINISTRIES			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island COMMUNITY OUTREACH MINISTRY PLACE OF WORSHIP / CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 59 BATCHELLER AVE			City PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL RUSSO			Vice-President Name GINA RUSSO BARBOSA		
Street Address 59 BATCHELLER AVE			Street Address 472 ELORA RD		
City PROVIDENCE	State RI	Zip 0290	City ELORA	State TN	Zip 37328
Secretary Name LUCILLE RUSSO			Treasurer Name TERESA PHANEUF		
Street Address 59 BATCHELLER AVE			Street Address 125 CARR ST		
City PROVIDENCE	State RI	Zip 02904	City WHITINSVILLE	State MA	Zip 01588
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 JACLYN PATULLO			Director Name ANNIE DATTOLI		
Street Address 59 (A) BATCHELLER AVE			Street Address 204 POPLAR AVE		
City PROVIDENCE	State RI	Zip 02904	City HUNTLAND	State TN	Zip 02904
Director Name STEVEN RUSSO			Director Name		
Street Address 7 ELI WHITNEY ST			Street Address		
City WESTBOROUGH	State MA	Zip 01581	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<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 GINA RUSSO BARBOSA				Date 7/3/23	
Signature of Officer/Authorized Representative <i>Gina Russo Barbosa</i>				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

FILED
JUL 03 2023
BY *ML SZHDI*
1:22



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 03, 2023 01:22 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

