



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

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1. Entity ID Number <u>714690</u>		2. Exact name of the Corporation <u>Resurrection Power Outreach Ministries Int'l</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious (church) humanitarian service</u> <u>(Foodbank) (Elderly-transport)</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>678 Killingly St</u>		City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Edward Indell Sr.</u>		Vice-President Name <u>Vester Indell</u>	
Street Address <u>87 Highland St</u>		Street Address <u>87 Highland St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>Kyla Comegy</u>		Treasurer Name <u>Anna Sirago</u>	
Street Address <u>678 Killingly St</u>		Street Address <u>678 Killingly St</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Jacqueline Wilson</u>		Director Name <u>Vester Indell</u>	
Street Address <u>678 Killingly St</u>		Street Address <u>678 Killingly St</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
Director Name <u>Anna Sirago</u>		Director Name <u>Kyla Comegy</u>	
Street Address <u>678 Killingly St</u>		Street Address <u>678 Killingly St</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</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>Edward T. Tisdell Sr.</u>			Date <u>07/17/2023</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

JUL 17 2023

BY ML 1370

MAIL TO:  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov