



**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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BUS SVCS DIV

2023 JUL 17 P 2:41

1. Entity ID Number 714690		2. Exact name of the Corporation Resurrection Power Outreach Ministries Int'l	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious (church) humanitarian services (Foodbank) (Elderly-transport)	
4. NAICS Code 813110			
6. Principal Office Address 678 Killingly St		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edward Indell Sr.		Vice-President Name Vester Indell	
Street Address 87 Highland St		Street Address 87 Highland St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Kyla Comegy		Treasurer Name Anna Sirago	
Street Address 678 Killingly St		Street Address 678 Killingly St	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 Jacqueline Wilson		Director Name Vester Indell	
Street Address 678 Killingly St		Street Address 678 Killingly St	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Anna Sirago		Director Name Kyla Comegy	
Street Address 678 Killingly St		Street Address 678 Killingly St	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Edward T. Tisdell Sr.			Date 07/17/2023
Signature of Officer/Authorized Representative 			

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 17 2023
BY ML 1370