



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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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R.I. DEPT. OF STATE
BUS SVCS DIV

| | | | | | |
|---|----------|--|--------------------------------------|--------------------|--------------|
| 1. Entity ID Number 001679474 | | 2. Exact name of the Corporation New Life Embassy | | 2023 SEP 29 P 3:31 | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Said corporation is organized exclusively for charitable, religious, educational and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organization | | | |
| 4. NAICS Code 813110 | | | | | |
| 6. Principal Office Address 576 Fairmount Street | | | City Woonsocket | State RI | Zip 02895 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Brian Mugabe | | | Vice-President Name Makisa Mugabe | | |
| Street Address 576 Fairmount Street | | | Street Address 576 Fairmount Street | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Secretary Name Makisa Mugabe | | | Treasurer Name Brian Mugabe | | |
| Street Address 576 Fairmount Street | | | Street Address 576 Fairmount Street | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 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 Thomas Bourgault | | | Director Name Brian Matsiko | | |
| Street Address 230 Custer Street | | | Street Address 9451 Welby Road #1037 | | |
| City Warwick | State RI | Zip 02886 | City Thornton | State CO | Zip 80229 |
| Director Name David Kisakye | | | Director Name | | |
| Street Address 73 Ethyl Way | | | Street Address | | |
| City Stoughton | State MA | Zip 02072 | City | State | Zip |
| 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 Makisa Mugabe | | | | Date 9.25.2023 | |
| Signature of Officer/Authorized Representative | | | | FILED | |

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

SEP 29 2023
BY ML FHJAD