



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
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 29 2023
BY ML FHJAD