



State of Rhode Island
Department of State - Business Services Division

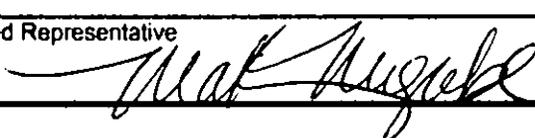
Annual Report for the year: 2024

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.

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

2023 SEP 29 P 3: 31

1. Entity ID Number 001679474		2. Exact name of the Corporation New Life Embassy	
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	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name Makisa Mugabe		Treasurer Name Brian Mugabe	
Street Address 576 Fairmount Street		Street Address 576 Fairmount Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		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	City Thornton	State CO
Zip 02886		Zip 80229	
Director Name David Kisakye		Director Name	
Street Address 73 Ethyl Way		Street Address	
City Stoughton	State MA	City	State
Zip 02072		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.			
<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 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

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