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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.

1. Entity ID Number: 000 714692	2. Exact name of the Corporation: Resurrection Power Outreach Ministries Int'l
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious / Christian Charity group catering to the needs of the less-fortunate.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
678 Killingly St	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Edward Tisdell			Vice-President Name: Vester Tisdell		
Street Address: 678 Killingly St			Street Address: 87 Hilarity St		
City: Johnston	State: RI	Zip: 02919	City: Providence	State: RI	Zip: 02909
Secretary Name: ~~Xxxx~~ Kyla Comeaux			Treasurer Name: Anna Sarigo		
Street Address: 678 Killingly St			Street Address: 678 Killingly St		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Edward Tisdell			Director Name: Vester Tisdell		
Street Address: 87 Hilarity St			Street Address: 87 Hilarity St		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name: Anna Sirago			Director Name: Kyla Comeaux		
Street Address: 678 Killingly St			Street Address: 678 Killingly St		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	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.

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	Date
Edward T. Tisdell	2-26-24

Signature of Officer/Authorized Representative: Edward Tisdell

FILED
FEB 26 2024
BY DGFJZ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023