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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 <u>001673666</u>		2. Exact name of the Corporation <u>JENNINGS EBENEZER CONNECTION</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>to raise funds for the needy</u>			
4. NAICS Code <u>813219</u>		<u>Food and clothing</u>			
6. Principal Office Address <u>31 Barnes Ave</u>			City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Alexis E Martin</u>			Vice-President Name <u>Lorenzo Mecciant</u>		
Street Address <u>31 Barnes Ave</u>			Street Address <u>40 Lafayette Blvd</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Ontario</u>	State <u>CA</u>	Zip <u>94761</u>
Secretary Name <u>Caroline B Josiah</u>			Treasurer Name <u>Heidi Baynes-Prime</u>		
Street Address <u>Belleview Est</u>			Street Address <u>70 River Run Trl</u>		
City <u>St. John's</u>	State <u>Antigua</u>	Zip <u>IV</u>	City <u>Gadsen</u>	State <u>AL</u>	Zip <u>35901</u>
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 <u>Augusta Greenaway-Simow</u>			Director Name <u>Daron Ephraim</u>		
Street Address <u>Jennings Village</u>			Street Address <u>31 Barnes Ave</u>		
City <u>St. Mary's</u>	State <u>Antigua</u>	Zip <u>WI</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>Robin Roberts</u>			Director Name		
Street Address <u>Jennings Village</u>			Street Address		
City <u>St. Mary's</u>	State <u>Antigua</u>	Zip	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.					
<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 <u>Alexis E. Martin</u>				Date <u>3-11-24</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				FILED	

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

MAR 11 2024
BY ZORHY
[Signature]