| State of Rhode Island Fee: State Office of the Secretary of State State | | | Fee: \$20.00 | |
|---|-----------------------------|------------------------|-----------------------------|--|
| Division Of Business Services | | | | |
| 148 W. River Street | | | | |
| 1636 | Providence RI 029 | | | |
| | (401) 222-30 | 40 | | |
| Non-Profit Corporation Annual Report | | | | |
| Filing Period: February 1 - May | /1 | | | |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its | | | | |
| annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a | | | | |
| penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 | | | | |
| 1. Corporate ID No. 000085468 | | | | |
| 2. Name of Corporation Frontlines Missions and Ministries, Inc. | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| NAICS CODE | | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | | |
| NAICS Code | | | | |
| <u>813990</u> | | | | |
| 4. Principal Office Address | | | | |
| | | | | |
| | <u>X 19607</u> | | | |
| City or Town: <u>JOHNS</u> | TON State: <u>RI</u> | Zip: <u>02919-0607</u> | Country: <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| | | | | |
| EVANGELISTIC ASSOCIATION | | | | |
| 6. Names and Addresses of the Officers and Directors: | | | | |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3. | | | | |
| Title | Individual Name | Ad | dress | |
| | First, Middle, Last, Suffix | | h, State, Zip Code, Country | |
| | | | | |

| PRESIDENT | VINCENT J DIPIPPO | 20 BELFIELD DR. JOHNSTON, RI 02919 US |
|---------------------------------|-------------------|--|
| SECRETARY | KENNETH WADNESS | 10 LAKEWOOD DR. MEDFIELD, MA 02052 US |
| VICE PRESIDENT AND TREASURER | LAURA PELLEY | 436 PAWTUCKET AVE RUMFORD, RI 02916 US |
| DIRECTOR | CRAIG RIPORTELLA | 155 WEST RIVER RD. WATERVILLE, ME 04901 US |
| DIRECTOR | CARLA HAPPLE | 808 STONE PARK LN. # 307 WOODLAND PARK, CO 80863 US |
| DIRECTOR | THOMAS GAMBUTI | 326 CARLTON DR. MILTON, DE 19968 US |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

STEPHEN D. ZUBIAGO, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA STE 500 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of March, 2024 at 10:21:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>VINCENT J. DIPIPPO</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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