



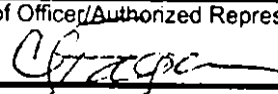
State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 MAY 7 PM 1:07:50

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 000028826		2. Exact name of the Corporation Christian Action Center, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organize a Community Meal Program in Newport, producing a monthly calendar and paying for food as needed. We work in collaboration with over twenty churches, social service agencies and a synagogue.			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 4846		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Tracy			Vice-President Name None		
Street Address 3 Stiimpson Street			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Christine Fagan			Treasurer Name Christine Fagan		
Street Address 5 Toni Lynn Terrace			Street Address 5 Toni Lynn Terrace		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard Tracy			Director Name Christine Fagan		
Street Address 3 Stimpson Street			Street Address 5 Toni Lynn Terrace		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Pauline Moye			Director Name Robyn Buck		
Street Address 24 Burnside Avenue			Street Address 19 William Street		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Christine Fagan</b>				Date <b>5/1/2024</b>	
Signature of Officer/Authorized Representative 					

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

FILED

MAY 07 2024

BY SS & IT  
AR

1:42