



**State of Rhode Island  
Department of State - Business Services Division**

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24 MAY 7 PM 1:08:01

**Annual Report for the year:** 2023  
**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 <b>000028826</b>		2. Exact name of the Corporation <b>Christian Action Center, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>P.O. Box 4846</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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

**FILED**

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**Entity ID Number: 000028826**

**Exact Name of Corporation: Christian Action Center, Inc.**

**Secretarial Certificate**

**7. List ALL officers**

The Christian Action Center, Inc. was incorporated in 1971 and for an unknown reason the group stopped filing annual reports starting in 1992, causing our incorporation status to be revoked. Recently, we decided to change our bank account to another bank. At that time we were told we needed to provide our incorporation documentation. We did not know what that was, but were told to contact the RI Office of the Secretary of State. When we did that, we were informed that our corporate status had been revoked.

We have since initiated a good faith effort, cooperating and taking steps to correct this oversight. This situation we are facing was festering well prior to the current board's involvement or knowledge. No one currently on the board had any idea that filing an annual report was required to maintain our incorporation status in the State of Rhode Island. Regrettably, a search of historical documentation for Community Action Center, Inc. did not yield documentation referencing the revocation or the names and addresses of previous Christian Action Center board members. Therefore, we are filing all the annual reports with the information that we do know based on the current board members.

**8. List ALL directors**

Same as stated above.

**Name of Secretary: Christine Fagan**

**Date: 5/1/2024**

**Signature:** \_\_\_\_\_

