RI SOS Filing Number: 202454006430 Date: 5/7/2024 1:20:00 PM



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

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: February 1 - May 1

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→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	√ May 31.		ă		
1. Entity ID Number 000028826	2. Exact name of the Corporation Christian Action Center, Inc.					
3. State of Incorporation RI 4. NAICS Code 813319	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.					
6. Principal Office Address P.O. Box 4846			City Middletown	State RI	Zip 02842	
7. List ALL officers (names and ad	dresses)		Check	the box to indicate an	attachment 🗸	
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 a	ddresses). RI Con	porations MUST li		the box to indicate as	attachment 7	
Director Name			Check the box to indicate an attachment Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zîp	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. The Registered Agent informatio	n of record with th	e RI Department	of State is accurate. Changes regu	ire filing Form 641.		
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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Oate		
Christine Fagan				5/1/2024		
Signature of Officer/Authorized Representative						
If ay 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 MAY 07 2024 1: 20

FORM 831 - Reviseo (12/2023)

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