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: 000870020	2. Exact name of the Corporation: Power Life Charismatic Ministries International
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Campaign on Propaganda & attempting to influence legislation. This corporation shall not participate many political campaign but be exclusively for Charitable and religious purposes.
4. NAICS Code: 813110	

6. Principal Office Address: 250 Woodsworth Street	City: Providence	State: RI	Zip: 02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Daniel Dodd		Vice-President Name: Bonding Dodd	
Street Address: 28 Vermont Street		Street Address: 28 Vermont St	
City: Cranston	State: RI Zip: 02920	City: Cranston	State: RI Zip: 02920
Secretary Name: Darrella Dodd		Treasurer Name: Greta Saint-Ledger	
Street Address: 28 Vermont Street		Street Address: 31 Lowell St	
City: Cranston	State: RI Zip: 02920	City: Providence	State: RI Zip: 02919

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Samuel Dzei-Turtu		Director Name: Mark Correa	
Street Address: 2505 Diamond Hill Rd Apt G		Street Address: 250 Woodsworth Street	
City: Woonsocket	State: RI Zip: 02895	City: Providence	State: RI Zip: 02905
Director Name: Bonita Correa		Director Name:	
Street Address: 250 Woodsworth St		Street Address:	
City: Providence	State: RI Zip: 02905	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.

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

Name of Officer/Authorized Representative: Daniel Dodd — Date: 6/21/24

Signature of Officer/Authorized Representative: [signature]

FILED
JUN 21 2024
BY BCSTK

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

FORM 631- Revised: 04/2023