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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	2. Exact name of the Corporation
000088745	Shepherds Gate Christian Ministries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To unite believers in our Lord Jesus Christ in an establish Christian community.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
6 Bucklin St.	Providence	RI	02907

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

President Name	Vice-President Name
Holwin Waldron	Anthony Bernacchi
Street Address: 500 Rocky Hill Rd	Street Address: 87 Litchfield Rd
City: N. Scituate State: RI Zip: 02857	City: Watertown State: CT Zip: 06795
Secretary Name: Minoucheka Briny	Treasurer Name: Brenda Thomas Waldron
Street Address: 11 Mendon Rd. Unit A	Street Address: 500 Rocky Hill Rd
City: Attleboro State: MA Zip: 02730	City: N. Scituate State: RI Zip: 02857

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

Director Name	Director Name
Anthony Bernacchi	Nathan Waldron
Street Address: 87 Litchfield Rd.	Street Address: 500 Rocky Hill Rd.
City: Watertown State: CT Zip: 02907	City: N. Scituate State: RI Zip: 02857
Director Name: Minoucheka Briny	Director Name: Isaiah Nathan
Street Address: 11 Mendon Rd. Unit A	Street Address: 4 Fuller St., Apt #1
City: Attleboro State: MA Zip: 02703	City: Brookline State: MA Zip: 02446

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	Date
Brenda Thomas Waldron	6/25/2024

Signature of Officer/Authorized Representative: Brenda Thomas Waldron

FILED
JUN 25 2024
BY

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: 12/2023