



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: Amendment 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 <u>000028842</u>		2. Exact name of the Corporation <u>The Christian Brotherhood Bible Temple</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>weddings, baptisms, memorial, religious services</u> <u>bible study</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>29 Elgin St.</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02889</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name <u>Shawna Reis</u>			Vice President Name <u>Dennis Chamberlin</u>		
Street Address <u>29 Elgin St</u>			Street Address <u>76 Suburban Parkway</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Secretary Name <u>Dennis Chamberlin</u>			Treasurer Name <u>Shawna Reis</u>		
Street Address <u>76 Suburban Parkway</u>			Street Address <u>29 Elgin St.</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name <u>Shawna Reis</u>			Director Name <u>Dennis Chamberlin</u>		
Street Address <u>29 Elgin St.</u>			Street Address <u>76 Suburban Parkway</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>Desiree Lopez</u>			Director Name		
Street Address <u>1131 Newport Ave</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	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 <u>Shawna Reis</u>				Date FILED	
Signature of Officer/Authorized Representative <u>Shawna Reis</u>				OCT 03 2024 <u>PS</u> <u>952</u>	

MAIL TO:
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