RI SOS Filing Number: 202461802960 Date: 12/24/2024 1:16:00 PM

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD '24 DEC 24 PM 1:12 16

Annual Report for the year: 2025
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
000091562	Abundant Life Church of God in Christ
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious Activity
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
316 Pocasset Ave Suite 324	Providence	RI	02909

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

President Name: Shirley Robinson			Vice-President Name: Shirley Brown		
Street Address: 195 Cove Ave			Street Address: 195 Cove Ave		
City: Warwick	State: RI	Zip: 02909	City: warwick	State: RI	Zip: 02909
Secretary Name: Keisha Washington			Treasurer Name:		
Street Address: 250 Coventry View Dr			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:

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

Director Name: Sharon Maxie			Director Name: Sonya Corbett		
Street Address: 18 Warren Ave			Street Address: 661 W Chestnut Street		
City: Pawtucket	State: RI	Zip: 02860	City: Brockton	State: Mass	Zip: 02301
Director Name: Roderick Jones			Director Name: Malachi Williams		
Street Address: 55 Alabama Ave			Street Address: 195 Cove Ave		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02889

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.

FILED
DEC 24 2024
BY 14608

Name of Officer/Authorized Representative	Date
Shirley Robinson	**12/23/2024**

Signature of Officer/Authorized Representative: Shirley Robinson

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