



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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.

REC'D RIDOS BSD
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1. Entity ID Number 000091562		2. Exact name of the Corporation 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 316 Pocasset Ave Suite 324			City Providence	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Shirley Robinson				Date 12/23/2024	
Signature of Officer/Authorized Representative <i>Shirley Robinson</i>				DEC 24 2024 BY <i>74108</i>	

MAIL TO:
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