



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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 <u>1022192</u>		2. Exact name of the Corporation <u>New Life Community Baptist Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813110</u>		<u>Church Services</u>	
6. Principal Office Address <u>159 Reynolds Ave</u>		City <u>Prov.</u>	State <u>RI</u> Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Glenn Cardozo</u>		Vice-President Name <u>Jeanette James</u>	
Street Address <u>370 Northup St.</u>		Street Address <u>159 Reynolds Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Prov</u>	State <u>RI</u> Zip <u>02907</u>
Secretary Name		Treasurer Name <u>Allen Cardozo</u>	
Street Address		Street Address <u>370 Northup St</u>	
City	State	City <u>Cranston</u>	State <u>RI</u> Zip <u>02905</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Glenn Cardozo</u>		Director Name <u>Jeanette James</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State Zip
Director Name		Director Name <u>Allen Cardozo</u>	
Street Address		Street Address <u>same as above</u>	
City	State	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>Glenn Cardozo</u>			Date <u>1/27/2025</u>
Signature of Officer/Authorized Representative 			

FILED

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

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