



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024 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.

FILED  
FEB 24 2025  
BY 852

1. Entity ID Number <b>000088745</b>		2. Exact name of the Corporation <b>Shepherds Gate Christian Ministries</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To unite believers in our Lord Jesus Christ in an establish Christian community.</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>6 Bucklin St.</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Holwin Waldron</b>			Vice-President Name <b>Anthony Bernacchi</b>		
Street Address <b>500 Rocky Hill Rd</b>			Street Address <b>87 Litchfield Rd.</b>		
City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Watertown</b>	State <b>CT</b>	Zip <b>06795</b>
Secretary Name <b>Minaucheka Briny</b>			Treasurer Name <b>Brenda Thomas Waldron</b>		
Street Address <b>11 Mendon Rd. Unit A</b>			Street Address <b>500 Rocky Hill Rd</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02730</b>	City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Anthony Bernacchi</b>			Director Name <b>Nathan Waldron</b>		
Street Address <b>87 Litchfield Rd.</b>			Street Address <b>500 Rocky Hill Rd.</b>		
City <b>Watertown</b>	State <b>CT</b>	Zip <b>02907</b>	City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name <b>Minaucheka Briny</b>			Director Name <b>Isaiah Nathan</b>		
Street Address <b>11 Mendon Rd. Unit A</b>			Street Address <b>4 Fuller St. Apt. #1</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Brookline</b>	State <b>MA</b>	Zip <b>02446</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Brenda Thomas Waldron</b>					Date <b>2/15/25</b>
Signature of Officer/Authorized Representative <b>Brenda Thomas Waldron</b>					

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