

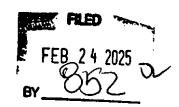
State of Rhode Island Department of State - Business Services Division

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



1. Entity ID Number	2. Exact name of the Corporation			
000088745				
	Shepherds Gate Christian Ministries			
3. State of Incorporation	5. Brief description of the character	r of business conducted in Rhode Islands	and	Chrich
RI	no unite bene	vert in our Lord	. Jetus	-14 (3·
4. NAICS Code	inan establish	Christian comm	lunity.	
813 110				
6. Principal Office Address		City	State	Zip
6 Bucklin St.		Providence	RI	02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment				tachment 🔲
President Name HOWN Walk OVE		Vice-President Name Ry Thomas Beinacchi		
Street Address 500 Procky Hill Rd		Street Address tchfield Rd.		
City. Scituate	State RI DA857	city Watertown	State T	zig 06795
Secretary Name MINDUCKE	Bring	Ireasurer Name Brenda Thomas	Waldro	
Street Address II Mendon Rd. Unit A		Street Address 500 Rocky Hill Rd		
City id at 1 A a		City City	State a	Zip
	State MA Zip 2730	N. Scituate	State KI	zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Anthony Bernacchi		Director Name Nathan Waldron		
Street Address Litchlield Rd.		Street Address, 500 hocky Hill Rd.		
city Water town	State Zip 02907	"N. Scituate.	State RI	Zip 02857
Director Name Minaucheka Briny		Director Name — +Sqiah Nathan		
Street Address II Mendon Rd. Unit A		Street Address 4 Fuller St. Cond. #1		
cin/A+tleboro	State MA Zip 2703	City Boook line	State MA	Zip 02446
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			Date	
Brender Thomas Waldron			2/15/25	
Signature of Officer/Authorized Representative Brenda Thomas Waldron				
Brenda homas Waldron				

MAJL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov