



State of Rhode Island  
Department of State - Business Services Division

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.

2025 FEB 26 PM 3:03

RECEIVED  
DEPT OF STATE  
BUSINESS DIV

1. Entity ID Number <b>000028906</b>		2. Exact name of the Corporation <b>Church of the Ascension</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious Institution</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>390 Pontiac Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</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>Cynthia Rollins</b>		Vice-President Name <b>Eduardo Espinal</b>	
Street Address <b>390 Pontiac Ave</b>		Street Address <b>390 Pontiac Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
Secretary Name <b>RAE-ANN ALGIERE</b>		Treasurer Name <b>RICHARD BURLINGAME</b>	
Street Address <b>390 Pontiac Ave</b>		Street Address <b>390 Pontiac Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Marie George</b>		Director Name <b>Jannis Nuñez</b>	
Street Address <b>390 Pontiac Ave</b>		Street Address <b>390 Pontiac Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
Director Name <b>Susan Wright</b>		Director Name <b>Tania Rocha</b>	
Street Address <b>390 Pontiac Ave</b>		Street Address <b>390 Pontiac Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
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 <b>Richard Burlingame</b>		Date <b>2/23/21</b>	
Signature of Officer/Authorized Representative <b>Richard Burlingame</b>		Date <b>2/26/2025</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