



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.

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RECEIVED
CLERK OF STATE
PROVIDENCE, RI

1. Entity ID Number 000028906		2. Exact name of the Corporation Church of the Ascension			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Institution			
4. NAICS Code 813110					
6. Principal Office Address 390 Pontiac Avenue		City Cranston		State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cynthia Rollins		Vice-President Name Eduardo Espinal			
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name RAE-ANN ALGIERE		Treasurer Name RICHARD BURLINGAME			
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Marie George		Director Name Jannis Nuñez			
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Susan Wright		Director Name Tania Rocha			
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 Richard Burlingame				Date 2/23/25	
Signature of Officer/Authorized Representative Richard Burlingame				FEB 26 2025 JMBEJ	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov