



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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 3:02

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 <input type="checkbox"/>			
President Name Chris Faria		Vice-President Name Eduardo Espinal	
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02910		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	City Cranston	State RI
Zip 02910		Zip 02910	
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 Yngrid DeLos Santos		Director Name Evelyn Baker	
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Director Name Tania Rocha		Director Name Penny Titterington	
Street Address 390 Pontiac Ave		Street Address 390 Pontiac Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02910		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, or a duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Richard Burlingame			Date 2/23/25
Signature of Officer/Authorized Representative <i>Richard Burlingame</i>			BY JMB

MAIL TO:
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Website: www.sos.ri.gov