



RI SOS Filing Number: 202565907660

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State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year:
Non-Profit Corporation2019

→ 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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DEPARTMENT OF STATE
BUSINESS SERVICES DIV

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 Eduardo Espinal			Vice-President Name Chris Faria		
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 <input type="checkbox"/>					
Director Name ARTHUR MARTONE			Director Name Ynggrid De Los Santos		
Street Address 390 Pontiac Ave			Street Address 390 Pontiac Ave		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Liz Nealy			Director Name Conor O'Brien		
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	

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

BY

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