State of Rhode Island
Department of State - Business Services Division

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STATE OF RHODE ISLAND
2025 FEB 26 PM 3:02

Annual Report for the year: 2018
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
000028906	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	City	State	Zip
390 Pontiac Avenue	Cranston	RI	02910

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Susan Wright	Edwardo 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	**Treasurer Name**
RAE-ANN ALGIERE	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	Director Name
Marie George	Yngrid 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: Wendy Johnson
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.

FILED
FEB 26 2025
BY FMBE 7
303 KS

Name of Officer/Authorized Representative: Richard Burlingame
Date: 2/18/25
Signature of Officer/Authorized Representative: Richard Burlingame

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

FORM 631- Revised: 12/2023