



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**

**1. Corporate ID No.** 001768885

**2. Name of Corporation** LIFE OF PEACE CENTER

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190

**4. Principal Office Address**

No. and Street: 135 METROPOLITAN ROAD

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE CORPORATION/ORGANIZATION SHALL BE OPERATED EXCLUSIVELY FOR/TO PROVIDED MENTAL HEALTH SERVICES AND SOCIAL SERVICES TO THE COMMUNITY. IN ADDITION, THE CORPORATION/ORGANIZATION HAS BEEN FORMED FOR THE PURPOSE OF PERFORMING ALL THINGS INCIDENTAL TO, OR APPROPRIATE IN, FOREGOING SPECIFIC AND PRIMARY

PURPOSES. HOWEVER, THE CORPORATION/ORGANIZATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITY OR THE EXERCISE OF ANY POWERS WHICH ARE NOT IN FUTHERANCE OF ITS PRIMARY NON-PROFIT PURPOSES.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	LUIS D RODRIGUEZ	135 METROPOLITAN RD PROVIDENCE, RI 02908 USA
INCORPORATOR	WALDY RODRIGUEZ	93 WAITE STREET PROVIDENCE, RI 02907 USA
INCORPORATOR	DEYBI PINEDA	110 PROGRESS AVE PROVIDENCE, RI 02905 USA
INCORPORATOR	BIANCA LOPEZ	445 PRINCESS AVE CRANSTON, RI 02920 USA
DIRECTOR	LUIS D RODRIGUEZ	135 METROPOLITAN RD PROVIDENCE, RI 02908 USA
DIRECTOR	WALDY RODRIGUEZ	93 WAITE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	DEYBI PINEDA	110 PROGRESS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	BIANCA LOPEZ	445 PRINCESS AVE. CRANSTON, RI 02920 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LUIS D RODRIGUEZ 390 PONTIAC AVENUE CRANSTON , RI 02910

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 1 Day of March, 2025 at 8:21:05 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LUIS RODRIGUEZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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