



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.

REC'D RIDOS BSD
25 APR 17 PM 3:52:08

1. Entity ID Number <u>00029605</u>		2. Exact name of the Corporation <u>People of God's Love</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>PRAYER GROUP AND STUDY</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>218 PARIS IRONS Rd</u>		City <u>Glocester</u>	State <u>R.I.</u>
		Zip <u>02814</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>DONALD TURBITT</u>		Vice-President Name <u>JAMES COLLARD</u>	
Street Address <u>218 PARIS IRONS Rd</u>		Street Address <u>1089 Smith ST</u>	
City <u>Glocester</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02814</u>		Zip <u>02908</u>	
Secretary Name <u>PAUL MARCOTTE</u>		Treasurer Name <u>PATRICIA TURBITT</u>	
Street Address <u>94 LINDSAY MAIN ST</u>		Street Address <u>218 PARIS IRONS Rd</u>	
City <u>Lincoln</u>	State <u>R.I.</u>	City <u>Glocester</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02814</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>DONALD TURBITT</u>		Director Name <u>NANCY COLLARD</u>	
Street Address <u>218 PARIS IRONS Rd</u>		Street Address <u>1089 Smith ST</u>	
City <u>Glocester</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02814</u>		Zip <u>02908</u>	
Director Name <u>PAUL MARCOTTE</u>		Director Name <u>PATRICIA TURBITT</u>	
Street Address <u>94 LINDSAY MAIN ST</u>		Street Address <u>218 PARIS IRONS Rd</u>	
City <u>Lincoln</u>	State <u>R.I.</u>	City <u>Glocester</u>	State <u>R.I.</u>
Zip <u>02865</u>		Zip <u>02814</u>	
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 <u>DONALD TURBITT</u>		FILED	Date <u>4-17-25</u>
Signature of Officer/Authorized Representative <u>Donald Turbitt</u>		APR 17 2025 <u>45181B</u> BY <u>RS</u>	

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