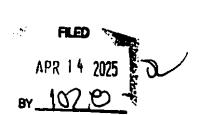
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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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					
001775801	Redempton City Church					
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island					
RI	Reliance and charactele organization landoctions wanting Services.					
4. NAICS Code	community outrooils, discoppliship, and ofther faith-based.					
813110	4 Ctivities -					
6. Principal Office Address			City _	State	Zip	
22 Victoria Aug			Ruseland	RI	07916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Keitha Cabral			Vice-President Name			
Street Address 27 Victory Auf			Street Address			
City RHUFORD	State 121	^{Zp} 0291b	City	State	Zip	
Secretary Name Jare d. Cowsur			Treasurer Name Kim Lathier			
Street Address 9 Sycritan Ave			Street Address 470 Newman Avis			
Cry Rum foud	State ZI	Zip 02416	Chy SEEKONK	State M.A.	0271	
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						
Keith Calmy			Diedo Name			
Street Address 23 Villags Not			Street Address			
Cry Pyyy ford	State P-1	Z10 02916	City	State	Ζφ	
Director Name Taped Cocusor			Director Name King L4 Lines			
Street Address 9 Sherways Ave			Street Address 470 New Man Ave			
City Runland	State 724	zo 02916	Cay Ste Konk	State M/A	Zip 61771	
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				Date 4 11/25		
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov