



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

FILED

APR 14 2025

BY 1020

1. Entity ID Number 001775801		2. Exact name of the Corporation Redemption City Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious and charitable organization conducting worship services, community outreach, discipleship, and other faith-based activities.			
4. NAICS Code 813110					
6. Principal Office Address 22 Victoria Ave		City Rumford		State RI	Zip 02916
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith Cabral		Vice-President Name			
Street Address 22 Victoria Ave		Street Address			
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name Jared Cowser		Treasurer Name Kim Lallier			
Street Address 9 Sheridan Ave		Street Address 470 Newman Ave			
City Rumford	State RI	Zip 02916	City Seekonk	State MA	Zip 02771
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 Keith Cabral		Director Name			
Street Address 22 Victoria Ave		Street Address			
City Rumford	State RI	Zip 02916	City	State	Zip
Director Name Jared Cowser		Director Name Kim Lallier			
Street Address 9 Sheridan Ave		Street Address 470 Newman Ave			
City Rumford	State RI	Zip 02916	City Seekonk	State MA	Zip 02771
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 Keith Cabral					Date 4/11/25
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
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