

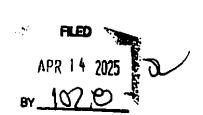
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

-> Filing period. February 1 - May 1

Filing Fee \$20.00



→ Penarty. Appring \$25 00 fee if	torm is not med by	мау 31			
1. Entity ID Number	2. Exact name of the Corporation				
001775801	Redemption City Church				
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island				
RI	Reliances and charitable programmentum landoctions wouship services.				
4. NAICS Code	community outroois, discoppiship, and other faith-based-				
813110	activities.				
6. Principal Office Address		-	City	State	Zip
22 Victoria Aug			Rustand	RI	0791b
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Keith Cabrel			Vice-President Name		
Street Address 27 Victoria, Auf			Street Address		
City RHUFORD	State 121	²⁰ 0291b	City	State	Zip
Secretary Name Cowsur			Treasurer Name Kim Lallica		
Street Address 9 Sheridan Ave			Street Address 470 Newman AVE		
Cay Russ found	State ZI	Z10 02416	City Seekonk	State M.4	Z10
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Director Name Keith Califul			Check the box to indicate an attachment Director Name		
Street Address 22 Village Not			Street Address		
City Plus food	State P-1	Zip 02916	City	State	Zφ
Director Name Japed Cocysur			Director Name King L4 Ilipiac		
Street Address 9 Sherulan Ave			Street Address 470 New May Ave		
City Runding	State 774	Zp 02916	Cry Srekonk	State M.V.	Z _{ip} 5277 1
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/Authonzed Representative					
Mark V					

MAIL TO:

Division of Business Services

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

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