



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000138014		2. Exact name of the Corporation City of Christ International Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church - Serving the Community with a spiritual and empowering purpose	
4. NAICS Code 818110		Teaching Christian Values and Principles	
6. Principal Office Address 92 Broad Street		City Cambridge	State RI
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name AUGUSTINE A. MAKOR		Vice-President Name	
Street Address 397 East Ave.		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
Secretary Name Paul J. Chagnon		Treasurer Name GEORGIA J. DUNCAN	
Street Address 18 Coyle Ave 3rd Flr.		Street Address 161 Whitford Ave	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name MARIA A. DODS		Director Name AUGUSTINE DUNCAN, Sr.	
Street Address 1611 Pennington Rd.		Street Address 161 Whitford Ave	
City Philadelphia	State PA	City Providence	State RI
Zip 19151		Zip 02908	
Director Name Henry K. Wennie		Director Name	
Street Address 57 Hilton St.		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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 GEORGIA J. DUNCAN			Date 6-5-25
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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