



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 000870020		2. Exact name of the Corporation POWER LIFE CHARISMATIC MINISTRIES INTERNATIONAL	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Carrying on propaganda or attempting to influence legislation and this corporation shall not participate in any political campaign on behalf of any candidate for public office. It is exclusively for charitable religious educational and scientific purposes by the members of PLS (3)</i>	
4. NAICS Code 813110			
6. Principal Office Address 250 WADSWORTH STREET		City PROVIDENCE	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL DODD		Vice-President Name BERTHA DODD	
Street Address 28 VERMONT STREET		Street Address 28 VERMONT STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name DANIELLA DODD		Treasurer Name GRETA SAINT-LEDGER	
Street Address 28 VERMOT STREET		Street Address 31 COVELL STREET	
City CRANSTON	State RI	City PROVIDENCE	State RI
Zip 02920		Zip 02919	
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 SAMUEL OSEI-TUTU		Director Name MARK CORREIA	
Street Address 2505 DIAMOND HILL ROAD, APT G		Street Address 250 WADSWORTH STREET	
City WOONSOCKET	State RI	City PROVIDENCE	State RI
Zip 02895		Zip 02905	
Director Name BONITA CORREIA		Director Name	
Street Address 250 WADSWORTH STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02905		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative DANIEL DODD			Date 6/6/2025
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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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BY LKS KL2TX
FORM 631- Revised: 12/2023