



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 000796537

2. Name of Corporation OASIS OF GRACE BROKEN CHAINS MINISTRIES

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 59 BATHCELLER AVE

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NOT FOR PROFIT SOCIAL OUTREACH SERVICE, FAITH BASED MINISTRY SERVING COMMUNITIES IN THE UNITED STATES AND RELATED ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GINA RUSSO BARBOSA	59 BATCHELLER AVE PROVIDENCE, RI 02904 USA
TREASURER	GINA RUSSO BARBOSA	59 BATCHELLER AVE PROVIDENCE, RI 02904 USA
SECRETARY	KATHRYN MELENDREZ	1408 COLEMAN AVE ATHENS, AL 35611 USA
VICE PRESIDENT	JOEY MELENDREZ	1408 COLEMAN AVE ATHENS, AL 35611 USA
DIRECTOR	CHAD TAYLOR	1704 DONCASTER DR. THOMASVILLE, GA 31792 USA
DIRECTOR	NORMAJEAN SHOVELTON	50 5TH AVENUE NARRAGANSETT, RI 02882 USA
DIRECTOR	DIANE MARIANI	15 COUNTY RD BARRINGTON, RI 02806 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

GINA M. RUSSO 59 BATCHELLAR AVE PROVIDENCE , RI 02904

Signed this 25 Day of June, 2025 at 2:50:17 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By GINA M. RUSSO BARBOSA
Signature of Authorized Person

Form No. 631
Revised 09/07



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 25, 2025 02:49 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

