



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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV.

1. Entity ID Number 000060558		2. Exact name of the Corporation Church Of The Acts			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Ministering the gospel of Jesus Christ in the community, hospitals, prisons and institutions, at home and abroad			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 116 Railroad Ave		City Harrisville	State RI	Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Caleb Kropman			Vice-President Name Linda Kropman		
Street Address 249 Elmdale Rd			Street Address 116 Railroad Ave		
City Scituate	State RI	Zip 02857	City Harrisville	State RI	Zip 02830
Secretary Name Jericho Comire			Treasurer Name Linda Kropman		
Street Address 1199 Douglas Turnpike			Street Address 116 Railroad Ave		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 Linda Kropman			Director Name Caleb Kropman		
Street Address 116 Railroad Ave			Street Address 249 Elmdale Rd		
City Harrisville	State RI	Zip 02830	City Scituate	State RI	Zip 02857
Director Name Jericho Comire			Director Name		
Street Address 1199 Douglas Turnpike			Street Address		
City Harrisville	State RI	Zip 02830	City	State	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 Linda Kropman				Date 3/24/2025	
Signature of Officer/Authorized Representative 				FILED JUN 17 2025 BY 4584 EG	

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

FORM 631 - Revised: 11/2021