STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2025

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
0000 29865	WORD OF LIFE COVENANT CHURCH 813110		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	PREACHING THE GOSPEL OF JESUS CHRIST		
5. Principal office address	City	State	Zip
24 BALDWIN DRIVE	SMITHFIELD	RI	02828

6. LIST **ALL** OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
BERNADETTE KIMBALL			MARK KIMBALL		
Street Address			Street Address		
24 BALDWIN DRIVE			24 BALDWIN DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	GREENVILLE	RI	02828
Secretary Name			**Treasurer Name**		
ROSANNE NERI			REBECCA FISCHER		
Street Address			Street Address		
2 SCHOOL ST.			40 BURGOYNE DRIVE		
City	State	Zip	City	State	Zip
ALBION	RI	02802	WARWICK	RI	02889

7. LIST **ALL** DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS **MUST** LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
BERNADETTE KIMBALL			MARK KIMBALL		
Street Address			Street Address		
24 BALDWIN DRIVE			24 BALDWIN DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	GREENVILLE	RI	02828
Director Name			**Director Name**		
REBECCA FISCHER			ROSANNE NERI		
Street Address			Street Address		
40 BURGOYNE DRIVE			2 SCHOOL ST.		
City	State	Zip	City	State	Zip
WARWICK	RI	02889	ALBION	RI	02802

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 22 2025
BY 2692
AA

Form No. 631
Revised: 04/2014

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.

Mark Kimball 07/11/25
Signature of Officer or Authorized Representative Date

MARK KIMBALL
Print or Type Name of Officer or Authorized Representative

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