

1. Entity ID No.

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

813110

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20,00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25,00 PENALTY FEE.

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3. State of Incorporation	4. Brief description	on of the character of bu	usiness conducted in Rhode Island		
RI	PREACE	ling the	G-OSPEL OF JE	505 CY	IRIST
5. Principal office address			City	State	Zip
24-BALDWIN DRIVE			SMITHFIELD	RI	02828
6. LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT			
President Name			Vice-President Name		
BERNADETTE KIMBALL			MARK KIMBALL Street Address		
Street Address					
24 BALDWI	N DRII	Zip	City	N DRIV	Zip
	1	1 *	1	RI	1
GREENVILLE	<u> RI</u>	02828	GREENVILLE Treassurer Name	147	02828
Secretary Name	· · · · · · ·				
ROSANNE NERI Street Address			REBECCA FISCHER Street Address		
			A CONTRACTOR OF THE STATE OF TH		
_Z_SKHOOL_S		Zip	City BURGOIN	State	Zip
- · , _	RI	02802		21	02889
ALBION	1.73=				· · · · · · · · · · · · · · · · · · ·
7. LIST ALL DIRECTORS (NAN ("X" BOX FOR ATTACHMEN		SES). HHODE ISLANI	D CORPORATIONS <u>MUST</u> LIST N	OLESS IMAN II	THEE (8) DIRECTORS
Director Name	<u>·, u</u>		Director Name		-
BERNADETTE KIMBALL Street Address			Street Address		
24 BALDWIN DRIVE			24 BALDWIN DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	GREENVILLE	RT	02828
Director Name	1.5-	10200	Director Name		NE 000
REBECCA 7	KCHER		ROSANNE N	ERT	1
Street Address	7.3 - 11 - 7		Street Address		
40 BURGO	YNE D	RIVE	2 SCHOOL S	<i>T.</i>	
City	State	Zip	City	State	Zip
WARWICK	RI	02889	ALBON	RI	02802
8. REGISTERED AGENT IN RH	ODE ISLAND				
This information is currently o	f record in the Off	ice of the Secretary o	f State. Changes require filing Fo	rm 641.	
This report must be signed by eit	her the President, 1	Vice-President, Secreta	ry, Assistant Secretary, Treasurer, d	uly Authorized Rej	presentative, Receiver
at Trustee					
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r	·		Under penalty of perjury, I de	clare and affirm t	hat I have examined
File Date			this report, including any acc	ompanying sche	dutes and statements,
- No Bate			and that all statements conta	lned herein are ti	rue and correct.
Check No				,, ,	1/ , ,
5			and collect &	med al	07/11/25
Ву:	·	22 AIC:17	"Signature of Officer or Authoriz	ed Representativo	Date
FOR SECRETARY OF STATE	USE ONLY		-		
, 	11 ED	د، رنۍ ني	3.18 MARK KIM	BALL	
Form No. 631	ILEU		d Print of Type Name of Officer of	r Authorized Repre	esentative
Revided: 04/2014	- 0 AAAE	CEINED	d3 Frim of Type Name of Officer of	•	
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