

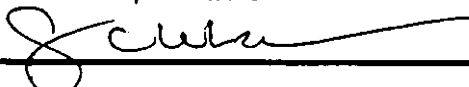


State of Rhode Island
Department of State - Business Services Division

REC'D RDOBS BSD
25 OCT 9 PM 1:41:55

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 <u>060037689</u>		2. Exact name of the Corporation <u>because He lives ministries</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>FEED/CLOTHE THE NEEDY</u>			
4. NAICS Code <u>024190</u>					
6. Principal Office Address <u>76 Pray Hill Rd</u>			City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>JASON WHEATLEY</u>			Vice-President Name		
Street Address <u>76 PRAY HILL RD</u>			Street Address		
City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>ROTH RICHIPELLI</u>			Director Name <u>EVELYN WHEATLEY</u>		
Street Address <u>1793 SMITH ST, N. PROV</u>			Street Address <u>67 ROWE DR</u>		
City <u>N. PROV</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Director Name <u>TINA VARRAS</u>			Director Name		
Street Address <u>283 FIAT AVE</u>			Street Address		
City <u>CRAVSTON</u>	State <u>RI</u>	Zip <u>02910</u>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <u>JASON WHEATLEY</u>					Date <u>10/9/25</u>
Signature of Officer/Authorized Representative 					

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

OCT 09 2025

BY KVEIXYB
FORM 634 - Revised 12/2023
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