



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 FEB -1 A 10:52

Annual Report for the year: 2023  
 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>001022192</u>		2. Exact name of the Corporation <u>New Life Community Baptist Church</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church Services</u>			
4. NAICS Code <u>Religious organization</u> <u>813110</u>					
6. Principal Office Address <u>159 Reynolds Ave P.O. Box 27847</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Glenn Cardozo</u>		Vice-President Name			
Street Address <u>370 Northrup Street</u>		Street Address			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name <u>Jeanette James</u>		Treasurer Name <u>Raymond Watson</u>			
Street Address <u>92 Rounds Ave</u>		Street Address <u>159 Reynolds Ave</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Glenn Cardozo</u>		Director Name <u>Jeanette James</u>			
Street Address <u>370 Northrup St</u>		Street Address <u>92 Rounds Ave</u>			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Raymond Watson</u>		Director Name			
Street Address <u>159 Reynolds Ave</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>Glenn Cardozo</u>		FILED <u>W52</u>		Date <u>2/1/2023</u>	
Signature of Officer/Authorized Representative 		FEB 01 2023		BY <u>W6XRN</u>	