



State of Rhode Island  
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 MAR 17 A 11:51

1. Entity ID Number <b>1022192</b>		2. Exact name of the Corporation <b>New Life Community Baptist</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island. <b>Church services</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>159 Reynolds Ave</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Glenn Cardozo</b>			Vice-President Name <b>Jeanette James</b>		
Street Address <b>370 Northrup St</b>			Street Address <b>159 Reynolds Ave</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name			Treasurer Name <b>Allen Cardozo</b>		
Street Address			Street Address <b>370 Northrup St</b>		
City	State	Zip	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
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 <b>Glenn Cardozo</b>			Director Name <b>Jeanette James</b>		
Street Address <b>Same as above</b>			Street Address <b>listed above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Allen Cardozo</b>			Director Name		
Street Address <b>listed above</b>			Street Address		
City	State	Zip	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 <b>Glenn Cardozo</b>				Date <b>3/17/23</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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

MAR 17 2023  
BY ML



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 17, 2023 11:51 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

