



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Non-Profit Corporation

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RI DEPT. OF STATE
BUS. SVCS DIV.

- 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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| | | | |
|--|--------------------|--|---------------------------|
| 1. Entity ID Number <u>1022192</u> | | 2. Exact name of the Corporation <u>New Life Community Baptist Church</u> | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island | |
| 4. NAICS Code <u>813110</u> | | <u>Church Services</u> | |
| 6. Principal Office Address <u>159 Reynolds Ave</u> | | City <u>Prov.</u> | State <u>RI</u> |
| | | Zip <u>02907</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Glenn Cardozo</u> | | Vice-President Name <u>Jeanette James</u> | |
| Street Address <u>370 Northup St</u> | | Street Address <u>159 Reynolds 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> |
| Secretary Name | | Treasurer Name <u>Allen Cardozo</u> | |
| Street Address | | Street Address <u>370 Northup St</u> | |
| City | State | Zip | City <u>Cranston</u> |
| | | | State <u>RI</u> |
| | | | Zip <u>02905</u> |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>Glenn Cardozo</u> | | Director Name <u>Jeanette James</u> | |
| Street Address <u>Same above</u> | | Street Address <u>Same as above</u> | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |
| Director Name | | Director Name <u>Allen Cardozo</u> | |
| Street Address | | Street Address <u>Same as above</u> | |
| 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. | | | |
| 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | |
| Name of Officer/Authorized Representative <u>Glenn Cardozo</u> | | | Date <u>1/25/24</u> |
| Signature of Officer/Authorized Representative | | | |

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

FILED

JAN 25 2024
BY ML 90 mgj