



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 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>506216</u>		2. Exact name of the Corporation <u>The Life Center International Church of the Holy Spirit</u>	
3. State of Incorporation <u>Providence</u>		4. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
5. Principal office address <u>50 Garden DR</u>		City <u>Riverside</u>	State <u>RI</u>
		Zip <u>02915</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <u>Brunilda Johnson</u>		Vice-President Name <u>Hector A. Guardarraz</u>	
Street Address <u>50 Garden DR</u>		Street Address <u>50 Garden DR</u>	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>
			State <u>RI</u>
			Zip <u>02915</u>
Secretary Name <u>Beatrice Campos</u>		Treasurer Name <u>Wae Rodriguez</u>	
Street Address <u>11 Allen Ave.</u>		Street Address <u>11 Brightwood Ave</u>	
City <u>W. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>Prov</u>
			State <u>RI</u>
			Zip <u>02908</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <u>Brunilda Johnson</u>		Director Name <u>Hector A. Guardarraz</u>	
Street Address <u>50 Garden DR</u>		Street Address <u>50 Garden DR</u>	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>
			State <u>RI</u>
			Zip <u>02915</u>
Director Name <u>Beatrice Campos</u>		Director Name	
Street Address <u>11 Allen Ave</u>		Street Address	
City <u>W. Prov.</u>	State <u>RI</u>	Zip <u>02911</u>	City
			State
			Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 30 2015

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.

[Signature] 1/30/15
 Signature of Officer or Authorized Representative Date

Brunilda Johnson
 Print or Type Name of Officer or Authorized Representative

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 CORPORATIONS DIV
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