



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 2014

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. 506216		2. Exact name of the Corporation The Life Center International Church of the Holy Spirit			
3. State of Incorporation Providence		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 50 GARDEN DR		City Riverside	State RI	Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Brunilda Johnson			Vice-President Name Hector A. Guardia Ramos		
Street Address 50 GARDEN DR			Street Address 50 GARDEN DR		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Beatrice Campos			Treasurer Name Nae Rodriguez		
Street Address 11 Allen Ave.			Street Address 11 Brightwood Ave.		
City W. Prov.	State RI	Zip 02911	City Prov.	State RI	Zip 02908
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 Brunilda Johnson			Director Name Hector A. Guardia Ramos		
Street Address 50 GARDEN DR			Street Address 50 GARDEN DR		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Beatrice Campos			Director Name		
Street Address 11 Allen Ave.			Street Address		
City W. Prov.	State RI	Zip 02911	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

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 2015 JAN 30 AM 10:25

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

By KL0471949 Brunilda Johnson
 Print or Type Name of Officer or Authorized Representative

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