



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 66384		2. Exact name of the Corporation Living Hope Assembly of God			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Establishing and maintaining place of worship of Almighty God, our Heavenly Father			
4. NAICS Code 813110					
6. Principal Office Address 100 Broadway		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Cabral			Vice-President Name none		
Street Address 96 Clyde St			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Cindy Hill			Treasurer Name Esther Yearwood		
Street Address 60 Slocum St			Street Address 160 Rocco Ave		
City S Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02860
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 Daniel Yeboah			Director Name Stephen Appiah		
Street Address 115 Daggett Ave			Street Address 17 Gloria St		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Juvencio DaSilva			Director Name none		
Street Address 70 Courtney Ave			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 <i>Charles Cabral</i>				Date 06/01/2017	
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
 JUN 05 2017
 15147