RI SOS Filing Number: 201996199190 Date: 6/10/2019 4:00:00 PM State of Rhode (sland and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Non-Profit Corporation

FILED

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation							
000066384	Living Hope Assembly of God							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	Establishing and maintaining place of worship of Almighty God, our Heavenly Father							
4. NAICS Code								
813110 - Religious Organ ▼								
6. Principal Office Address			City	State	Zip			
00 Broadway			Pawtucket	RI	02860			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Charles Cabral			Vice-President Name None					
Street Address 96 Clyde St			Street Address					
City Pawtucket	State RI	Zip 02860	City	State	Zıp			
Secretary Name Bridgete Koroma			Treasurer Name Esther Yearwood					
Street Address 47 Juniper Rd			Street Address 160 Rocco Ave					
City N Attleboro	State MA	Zip 02760	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								
Director Name Daniel Yeboah			Director Name Shondell Wilson					
Street Address 115 Daggett Ave	·		Street Address 59 Blaine St					
City Providence	State RI	Zip 02861	City Providence	State RI	^{Zip} 02904			
Director Name Robert Hill	_		Director Name					
Street Address 60 Slocum St			Street Address					
City Attleboro	State MA	^{Zip} 20703	City	State	Zıp			
9. Registered Agent in Rhode Islan	d. This information	on is currently of reco	rd in the Department of State. Cha	anges require filing Form 6	41.			
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative					Date June 6, 2019			
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								
Mails Calsal								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov