



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

Annual Report for the year: **2020**  
**Non-Profit Corporation**

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 BUS SVCS DIV

2020 MAY 29 AM 10:27

- 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 <b>000066384</b>		2. Exact name of the Corporation <b>Living Hope Assembly of God</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Establishing and maintaining place of worship of Almighty God, our Heavenly Father</b>			
4. NAICS Code <b>813110 - Religious Organ</b>					
6. Principal Office Address <b>100 Broadway</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Cabral</b>		Vice-President Name <b>None</b>			
Street Address <b>96 Clyde St</b>		Street Address			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>Bridgete Koroma</b>		Treasurer Name <b>Esther Yearwood</b>			
Street Address <b>47 Juniper Rd</b>		Street Address <b>160 Rocco Ave</b>			
City <b>N Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Hill</b>		Director Name <b>Shondell Wilson</b>			
Street Address <b>60 Slocum St</b>		Street Address <b>59 Blaine St</b>			
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>20703</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Juvencio DaSilva</b>		Director Name			
Street Address <b>70 Courtney Ave</b>		Street Address			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	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					
<b>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.</b>					
<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> <i>President</i>					Date <i>5-28-2020</i>
Signature of Officer/Authorized Representative <i>Charles Cabral</i>					

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**

**MAY 29 2020**

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