



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 02 2022
BY: 17905
0005

1. Entity ID Number <u>000066384</u>		2. Exact name of the Corporation <u>Living Hope - 1 Assembly of God</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character or business conducted in Rhode Island <u>Establishing and maintaining a place for the worship of almighty God, our heavenly Father</u>			
4. NAICS Code <u>81310</u>					
6. Principal Office Address <u>100 Broadway</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Charles Cabral</u>			Vice-President Name		
Street Address <u>46 Clyde St.</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name <u>Bridget Christian</u>			Treasurer Name <u>Esther Yearwood</u>		
Street Address <u>6 Reade St.</u>			Street Address <u>160 Rocco Ave.</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
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 <u>Brian Cabral</u>			Director Name <u>Juencio Dasilva</u>		
Street Address <u>46 Clyde St.</u>			Street Address <u>70 Courtney Ave.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>Donald Christian</u>			Director Name		
Street Address <u>6 Reade St.</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Charles Cabral</u>				Date <u>4-28-2022</u>	
Signature of Officer/Authorized Representative <u>Charles Cabral</u>					

MAIL TO:
Division of Business Services
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