



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 160106		2. Name of Corporation HIS PRESENCE CHURCH INTERNATIONAL INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 595 ST. PAUL ST. NORTH SMITHFIELD		City NORTH SMITHFIELD	Zip 02895
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHURCH					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PASTOR AL BERJA			Vice President Name HOWARD LAMBERTI		
Street Address 22 ANGLEWOOD AVE.			Street Address 15 DRILL ST.		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02908
Secretary Name JOHN BENEDICT			Treasurer Name KERSTIN WY		
Street Address 6 RIVERS EDGE RD			Street Address 22 ANGLEWOOD AVE		
City BLACKSTONE	State MA	Zip 01504	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name PASTOR AL BERJA			Director Name HOWARD LAMBERTI		
Street Address 22 ANGLEWOOD AVE.			Street Address 15 DRILL ST.		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02908
Director Name JOHN BENEDICT			Director Name - NONE -		
Street Address 6 RIVERS EDGE RD			Street Address		
City BLACKSTONE	State MA	Zip 01504	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name AL BERJA			Address		
Address 22 ANGLEWOOD AVE			City JOHNSTON	State RI	Zip 02919

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date **FILED**  
 Check No. **JUL 02 2008**  
 By: **By 1103**  
 FOR SECRETARY OF STATE USE ONLY

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 of Officer **AL BERJA** Date **06-28-08**  
 Print or Type Name of Officer **PRESIDENT**  
 Title of Officer