

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 2023 401.2 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. <b>0 0009</b> 659]	2. Name of Corporation  LIGHT HOVGE CHAPEU  4. Contorate address in Rhode Island - Street Address  Cin. 210					
3. State of Incorporation		Rhode Island - Street Address  NECKNEEK	_	RO.	WYOMINE	01898
5. Foreign corporation. Enter prin	ncipal office address		City		State	Zip
6. Brief Description of the character  RELIGOUS 5	_	tually conducted in Rhode Isl	and		•	
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) 🔲 F	ILL IN SPACES B	EFORE USING ATTACI	HMENTS
President Name Kev. Hen	TVR. Per	ndleton	Vice President	Name		
Street Address Gardine	(D) I	寸 # 41	Street Address			
W. Kingston	State R.T.	D2892	City		State	Zip
Secretary Name			Treasurer Nan	_ (1)	hillips	
Street Address			Street Address	Main	St. Apt. 8	34
City	State	Zip	City	e Valley	State RI	02832
8. NAMES AND ADDRESSE		•	, L		EFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECT	ORS OF A DOMESTI	C (RHODE ISLAND) C	1		BE LESS THAN THREI	E (3). R.I.G.L. 7-6-23
Director Name  PHVID 14 HIVV  Street Address  107 RHVMRH ST. POBOX 147  City State Zip  PRADFORD RI 02808			MICKEAL PENDLETON			
Street Address 107	T. POBOX	147	Street Address	RCE 57		
BRADFORD	State R1	0280g	City WEST	ERLY	State T	<sup>Zip</sup> 02891
ROBERT KE			Director Name			
Street Address VESTERLY R.I.			Street Address			
City	State	Zip	City		State	Zip
9. REGISTERED AGENT IN	RHODE ISLAND	•			1	1
This information is currently	of record in the Office	of the Secretary of State	e. Changes rec	quire filing of Form	1 641 - R.I.G.L. 7-6-13/7	7-6-78
This report must	t be signed by either i	the President, Vice Pres	ident, Secret	ary, Assistant Sec	retary, Treasurer, Recei	ver or Trustee

## **FILED**

	AUG 1 7 2009	
	By (m)	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.
File Date	29-96161	Henry R. Pandleton 8-17-09
Check No.		Signature of Officer  HENRY R. PENDLETON.  Date
Ву:		Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		Title of Officer