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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
'8 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
37689	"because HE lives" MINISTRIES
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Soup Kitchen

5. Principal office address	City	State	Zip
PO BOX 37	Woonsocket	RI	02895

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Patricia Dempster	Elaine LACOURSE
Street Address: 2065 Mendon Rd. #303	Street Address: 78 Boardman Ave.
City: Cumberland State: RI Zip: 02864	City: Cumberland State: RI Zip: 02864
Secretary Name: Jeanne Michon	Treasurer Name: Elaine LACOURSE
Street Address: 21 Vista Drive	Street Address: 78 Boardman Ave
City: Lincoln State: RI Zip: 02865	City: Cumberland State: RI Zip: 02864

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Diane Conlan	Evelyn Wheatley
Street Address: 10 Kay St.	Street Address: 67 Rowe Drive
City: Cumberland State: RI Zip: 02864	City: Cranston State: RI Zip: 02920
Director Name: Paul Hassel	Director Name
Street Address: 545 Willie Woodhead Rd.	Street Address
City: Chepachet State: RI Zip: 02814	City State Zip

8. REGISTERED AGENT IN RHODE ISLAND Patricia Dempster

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

JUN 04 2015

BY 908

File Date _____

Check No _____

By: _____

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.

Patricia Dempster 6-2-15
Signature of Officer or Authorized Representative Date

PATRICIA Dempster President
Print or Type Name of Officer or Authorized Representative

Form No. 631
121540-30-1037096