



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 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. 66384		2. Exact name of the Corporation Living Hope Assembly of God			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Establishing and maintaining a place of worship of Almighty God, our Heavenly Father.			
5. Principal office address 100 Broadway			City Pawtucket	State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Cabral			Vice-President Name none		
Street Address 96 Clyde St			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Cindy Hill			Treasurer Name Esther Yearwood		
Street Address 60 Slocum St			Street Address 160 Rocco Ave		
City S Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Board Member: Lisa Baptista			Director Name Board Member: Daniel Yeboah		
Street Address 8 Benefit St			Street Address 115 Daggett Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Board Member: Brian Cabral			Director Name Board Member: Mercy Gyampo		
Street Address 42 Melrose Ave			Street Address 93 Kepler St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. REGISTERED AGENT IN RHODE ISLAND					
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

File Date _____
 Check No _____
 By: _____

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.

Charles Cabral 06/11/2015
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Charles Cabral
 Print or Type Name of Officer or Authorized Representative

FILED
 JUN 17 2015
 BY 14189