



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. <u>195941</u>		2. Exact name of the Corporation <u>Love RI</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To pray and work together so that southeastern New England churches practice a lifestyle of praying, caring, sharing the good news of Jesus Christ</u>			
5. Principal office address <u>30 Echo Ln</u>			City <u>Crauston</u>	State <u>RI</u>	Zip <u>02921</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Dave Gadoury</u>			Vice-President Name <u>Peter Atkin</u>		
Street Address <u>30 Echo Ln</u>			Street Address <u>61 Exeter Rd</u>		
City <u>Crauston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>N. Kingston</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name			Treasurer Name <u>Allison Lugar</u>		
Street Address			Street Address <u>1 Presidential Way</u>		
City	State	Zip	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
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 <u>Olivia Bala</u>			Director Name <u>Peter Atkin</u>		
Street Address <u>63 Eleventh St.</u>			Street Address <u>61 Exeter Rd</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>N. Kingston</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>Dave Gadoury</u>			Director Name		
Street Address <u>30 Echo Ln</u>			Street Address		
City <u>Crauston</u>	State <u>RI</u>	Zip <u>02921</u>	City	State	Zip
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: _____
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.

FILED

Allison Lugar 6/29/15
 Signature of Officer or Authorized Representative Date

JUL 01 2015

Allison Lugar, Treasurer
 Print or Type Name of Officer or Authorized Representative

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