



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>982977</u>	2. Exact name of the Corporation <u>Tabernacle of Light</u>		
3. State of Incorporation <u>RI</u>	4. Brief description of the character of business conducted in Rhode Island <u>Worship of God</u>		
5. Principal office address <u>29 Lookout Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Lemeck Louis</u>		Vice-President Name <u>DAVID Metellus</u>	
Street Address <u>29 Lookout Ave</u>		Street Address <u>30 Newark Street</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02908</u>	
Secretary Name <u>MARIE ANGE LEON</u>		Treasurer Name <u>Pierre L. Francois</u>	
Street Address <u>1160 Plainfield Ave</u>		Street Address <u>100 Victor Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>LEMECK LOUIS</u>		Director Name <u>PIERRE L. FRANCOIS</u>	
Street Address <u>29 Lookout Ave</u>		Street Address <u>100 VICTOR AVE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02919</u>	
Director Name <u>DAVID METELLUS</u>		Director Name	
Street Address <u>30 NEWARK St.</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02908</u>		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

1:22 PM
FILED

SEP 30 2015

By 257467

KMC

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 or Authorized Representative

Date

LEMECK LOUIS
Print or Type Name of Officer or Authorized Representative