**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.**

RECEIVED
2015 SEP 30 PM 1:22
SECRETARY OF STATE
CORPORATIONS DIV.

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 989977 | Tabernacle of Light |
| **3. State of Incorporation** | **4. Brief description of the character of business conducted in Rhode Island** |
| RI | worship of God |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 29 Lookout Ave | Cranston | RI | 02920 |

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

| President Name | Vice-President Name |
|---|---|
| Lemeck Louis | David Metellus |
| Street Address: 29 Lookout Ave | Street Address: 30 Newark Street |
| City: Cranston State: RI Zip: 02920 | City: Providence State: RI Zip: 02908 |
| **Secretary Name** | **Treasurer Name** |
| MARIE ANGE LEON | Pierre L. Francois |
| Street Address: 1160 Plainfield Ave | Street Address: 100 Victor Ave |
| City: Johnston State: RI Zip: 02919 | City: Johnston State: RI Zip: 02919 |

**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 |
|---|---|
| LEMECK LOUIS | PIERRE L. FRANÇOIS |
| Street Address: 29 Lookout Ave | Street Address: 100 VICTOR AVE |
| City: CRANSTON State: RI Zip: 02920 | City: Johnston State: RI Zip: 02919 |
| Director Name: DAVID METELLUS | Director Name: |
| Street Address: 30 NEWARK st. | Street Address: |
| City: PROVIDENCE State: RI Zip: 02908 | 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*

**FOR SECRETARY OF STATE USE ONLY**
File Date
Check No
By:

1:22PM **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.**

Lemeck Louis 09-30-15
Signature of Officer or Authorized Representative — Date

LEMECK LOUIS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014