RI SOS Filing Number: 201699718120 Date: 06/02/2016 4:00 PM

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 2016

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
56858	LIVING FAITH CHRISTIAN CHURCH
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Biblical Research, Religious Teaching and Fellowship Ministry

5. Principal office address	City	State	Zip
1201 Greenwich Avenue	Warwick	RI	02886

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

President Name	Vice-President Name
Pamela L. Bzdyra	Victor Gluckin
Street Address	Street Address
9 Benjamin Street	1201 Greenwich Avenue
City / State / Zip	City / State / Zip
Warwick / RI / 02818	Warwick / RI / 02886
Secretary Name	Treasurer Name
Charles Doherty	Timothy Tibbetts
Street Address	Street Address
138 Budlong Avenue	83 Conanicus Road
City / State / Zip	City / State / Zip
Warwick / RI / 02888	Narragansett / RI / 02882

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
Richard T. Bzdyra	Joelle M. Brown
Street Address	Street Address
9 Benjamin Street	615 Knotty Oak Road
City / State / Zip	City / State / Zip
Warwick / RI / 02818	Coventry / RI / 02816
Director Name	Director Name
Timothy Tibbetts	
Street Address	Street Address
83 Conanicus Raod	
City / State / Zip	City / State / Zip
Narragansett / RI / 02882	

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 841.

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

Form No. 631
Revised: 04/2014

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 5/20/16

VICTOR GLUCKIN
Print or Type Name of Officer or Authorized Representative

FILED 02
JUN 02 2016
BY 10406

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