



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

2016 JUN -6 AM 11:25

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000994333		Whitestone Life Center, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		Prevent substance abuse, depression and addiction through spiritual education.			
5. Principal Office Address		City	State	Zip	
70 Rugby Street		Cranston	RI	02910	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Herman Falu		Vice-President Name David Butera			
Street Address 70 Rugby Street		Street Address 15 Tyler Avenue			
City Cranston	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Secretary Name David Butera		Treasurer Name Herman Falu			
Street Address 15 Tyler Avenue		Street Address 70 Rugby Street			
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Herman Falu		Director Name David Butera			
Street Address 70 Rugby Street		Street Address 15 Tyler Avenue			
City Providence	State RI	Zip 02910	City Johnston	State RI	Zip 02919
Director Name Leonel Fernandez		Director Name			
Street Address P.O. Box 1232		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David W. Butera				Date 6/1/2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 06 2016

BY CH 275917