




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

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

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			
66384		Living Hope Assembly of God			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Establishing and maintaining place of worship of Almighty God, our Heavenly			
5. Principal Office Address		City	State	Zip	
100 Broadway		Pawtucket	RI	02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Cabral			Vice-President Name None		
Street Address 96 Clyde St			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Cindy Hill			Treasurer Name Esther Yearwood		
Street Address 60 Slocum St			Street Address 160 Rocco Ave		
City S Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02860
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 Daniel Yeboah			Director Name Stephen Appiah		
Street Address 115 Daggett Ave			Street Address 17 Gloria St		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Mercy Gyampo			Director Name None		
Street Address 93 Kepler St			Street Address		
City Pawtucket	State RI	Zip 02860	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 Charles Cabral				Date 06/02/2016	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED
JUN 06 2016
BY 1468025