RI SOS Filing Number: 201699954870 Date: 06/06/2016 4:00 PM

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
27033	Faith Lutheran Brethren Church
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Religious - church,

5. Principal Office Address	City	State	Zip
43 Scituate Ave	Cranston	RI	02921

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Bruce Carlson		Vice-President Name	Kenneth Baker	
Street Address	9 Myrtle Ave.		Street Address	3 Greenway St.	
City	Cranston	State RI Zip 02910	City	Cranston	State RI Zip 02910
Secretary Name	Dolores Mackenzie		Treasurer Name	Cynthia Mackenzie	
Street Address	8 Central St.		Street Address	8 Central St.	
City	Warwick	State RI Zip 02886	City	Warwick	State RI Zip 02886

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Earl Sandin		Director Name	Dana Ekelund	
Street Address	51 King St.		Street Address	150 Potter St.	
City	Warwick	State RI Zip 02886	City	Cranston	State RI Zip 02910
Director Name	Tom Bauman		Director Name	Julie Sandin	
Street Address	4066 Post Rd. Apt. 9		Street Address	41 Crossway Rd	
City	Warwick	State RI Zip 02886	City	Cranston	State RI Zip 02910

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Bruce Carlson	5-26-16

Signature of Officer/Authorized Representative

Bruce Carlson SIGN DOCUMENT HERE

FILED

JUN 06 2016

By KL 10661

Form No. 631
Revised: 2016
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