



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			
121875		Lord of Glory Ministries Inc			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Engaging in the missionary activities of proclaiming the gospel of Jesus Christ.			
5. Principal Office Address		City	State	Zip	
112 Broad St		Warwick	RI	02888	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Tremblay			Vice-President Name Joseph Bosco		
Street Address 222 Crescent Ave			Street Address 711 Hart Street		
City Cranston	State RI	Zip 02910	City Dighton	State MA	Zip 02715
Secretary Name Cristiano Pina			Treasurer Name Ray Kimberlin		
Street Address 538 West Ave			Street Address 47 Bush Street		
City Pawtucket	State RI	Zip 02860	City Fall River	State RI	Zip 02724
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 Michael Sandel			Director Name Cristiano Pina		
Street Address 198 Smith Street			Street Address 538 West Ave		
City New Bedford	State MA	Zip 02740	City Pawtucket	State RI	Zip 02860
Director Name Joseph Bosco			Director Name Ray Kimberlin		
Street Address 711 Hart Street			Street Address 47 Bush Street		
City Dighton	State MA	Zip 02715	City Fall River	State RI	Zip 02724
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	
Joseph Tremblay				6/2/16	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED

JUN 06 2016

By 6410701778766