



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000508273

2. Name of Corporation LOCASHA CHURCH OF GOD

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 639 ADMIRAL ST

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EVANGELIZE THE GOSPEL OF JESUS CHRIST TO ALL PEOPLE AND NATION. TO UPHOLD THE TEACHINGS AND BELIEF OF JESUS CHRIST. TO LOVE, CARE, AND SHARE GOD'S LOVE WITH ALL PEOPLE. TO TRAIN PEOPLE INTO SPIRITUAL DISCIPLINES TO BECOME GOOD PEOPLE. TO PROVIDE THE BASIC HUMAN NEEDS FOR THE POOR AND NEEDY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWARD B KANNEH	71 ALEPPO ST

		PROVIDENCE, RI 02909 USA
DIRECTOR	CLEON H. KANNEH	71 ALEPPO ST. PROVIDENCE, RI 02909 USA
DIRECTOR	LAURIS R SPEID	84 WISDOM ST PROVIDENCE, RI 02908 USA
DIRECTOR	QUAY JONES	38 COLFAX ST PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EDWARD B. KANNEH 71 ALEPPO STREET PROVIDENCE , RI 02909

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

Signed this 12 Day of July, 2016 at 12:39:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDWARD B. KANNEH
Signature of Authorized Person

Form No. 631
Revised 09/07

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