RI SOS Filing Number: 201608495470 Date: 09/07/2016 3:05 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
PROVIDENCE, RI
2016 SEP -7 PM 3:18

1. Entity ID Number	2. Exact name of the Corporation
000834606	Light House Church of God Iglesia De Dios Faro De Luz
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI.	Religious meetings.

5. Principal Office Address	City	State	Zip
95 Hathaway St. Suite 45 Providence, RI 0	Providence	RI.	02907

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

President Name	Vice-President Name
Samuel Hernandez.	Dinorah Hernandez.
Street Address: 96 Rosella Ave	Street Address: 96 Rosella Ave
City: Pawtucket State: RI Zip: 02861	City: Pawtucket State: RI Zip: 02860
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Maria Utate.	Glorayma Ramos
Street Address: 10 Laurel Hill Ave	Street Address: 6 Lookout Ave 2nd Ft.
City: Providence State: RI. Zip: 02909	City: Cranston State: RI. Zip: 02920.
Director Name: Dinorah Hernandez.	Director Name
Street Address: 96 Rosella Ave.	Street Address
City: Pawtucket State: RI Zip: 02861	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.

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
Dinorah Hernandez	9/7/16.

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
SEP 07 2016
BY CR 283009

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

141616-13134246

FORM 631 - Revised: 05/2016