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.

R.I. DEPARTMENT OF STATE
2016 OCT 21 PM 2:04

1. Entity ID Number	2. Exact name of the Corporation
000503451	LIGHTHOUSE GOSPEL MINISTRIES
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHURCH --: NON - PROFIT ORGANIZATION

5. Principal Office Address	City	State	Zip
163 HENDRICK STREET	PROVIDENCE	RI	O2908

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

President Name ROBERT AKINRIMISI			Vice-President Name DOYIN JOSEPH		
Street Address 163 HENDRICK STREET			Street Address 163 HENDRICK STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name BROTHER SUNNY ADEFIYIJU			Treasurer Name SISTER OLAYEMI AKINRIMISI		
Street Address 18 GRAY STREET			Street Address 163 HENDRICK STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908

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

Director Name PASTOR ROBERT AKINRIMISI			Director Name BROTHER ODUTOLA AKINGBADE		
Street Address 163 HENDRICK STREET			Street Address 12 MARYLYN STREET		
City PROVIDENCE	State RI	Zip 02908	City N. PROVIDENCE	State RI	Zip 02909
Director Name SISTER OLAJUMOKE AKINRIMISI			Director Name BROTHER OLALEYE AKINRIMISI		
Street Address 163 HENDRICK STREET			Street Address 163 HENDRICK STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908

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
PASTOR ROBERT AKINRIMISI	10/20/2016

Signature of Officer/Authorized Representative

FILED

OCT 21 2016

By 286611

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

FORM 631 - Revised: 05/2016