



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

Annual Report for the year: **2017**
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.

1. Entity ID Number 508398		2. Exact name of the Corporation BOB LANCIA MINISTRIES, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TEACHING AND PUBLISHING BIBLICAL PRINCIPLES			
4. NAICS Code 813110					
6. Principal Office Address 25 Church Hill Drive			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Dr. Robert B. Lancia			Vice-President Name Rev. Dr. Robert B. Lancia		
Street Address 25 Church Hill Drive			Street Address 25 Church Hill Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Maryann Lancia			Treasurer Name Rev. Dr. Robert B. Lancia		
Street Address 25 Church Hill Drive			Street Address 25 Church Hill Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. 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 Lisa M. Cardello			Director Name Maryann Lancia		
Street Address 20 Walnut Avenue			Street Address 25 Church Hill Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Lee A. Williams			Director Name		
Street Address 932 Park Avenue, 1st Floor			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rev. Dr. Robert B. Lancia					Date 5/31/17
Signature of Officer/Authorized Representative <i>Rev. Dr. Robert B. Lancia</i>					

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

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