



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

Annual Report for the year:

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 37689		2. Exact name of the Corporation "because HE lives" Ministries	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Soup Kitchen, serving full meal 4 days a week.	
4. NAICS Code 624210			
6. Principal Office Address PO Box 37		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name PATRICIA Dempster		Vice-President Name ELAINE LACOURSE	
Street Address 2065 Mendon Rd, Apt 303		Street Address 78 Boardman Ave.	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name JEANNE Michon		Treasurer Name ELAINE LACOURSE	
Street Address 21 Vista Dr.		Street Address 78 Boardman Ave.	
City Lincoln	State RI	City Cumberland	State RI
Zip 02865		Zip 02864	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name DIANE Conlan		Director Name Evelyn Wheatley	
Street Address 10 Kay St.		Street Address 67 Rowe Dr.	
City Cumberland	State RI	City CRANSTON	State RI
Zip 02864		Zip 02920	
Director Name PAUL Hassel		Director Name	
Street Address 545 Willie Woodhead Rd.		Street Address	
City Chepachet	State RI	City	State
Zip 02814		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.			
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 PATRICIA Dempster, Pres.			Date 6-14-2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

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

JUN 16 2017

BY *[Signature]*

FORM 631 - Revised: 05/2017