



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 56858		2. Exact name of the Corporation LIVING FAITH CHRISTIAN CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Biblical Research, Religious Teaching and Fellowship Ministry			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 1201 Greenwich Avenue		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela L. Bzdyra			Vice-President Name Victor Gluckin		
Street Address 9 Benjamin Street			Street Address 1201 Greenwich Avenue		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02886
Secretary Name Charles Doherty			Treasurer Name Timothy Tibbetts		
Street Address 138 Budlong Avenue			Street Address 83 Conanicus Road		
City Warwick	State RI	Zip 02888	City Narragansett	State RI	Zip 02882
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 Richard T. Bzdyra			Director Name Joelle M. Brown		
Street Address 9 Benjamin Street			Street Address 615 Knotty Oak Road		
City Warwick	State RI	Zip 02818	City Coventry	State RI	Zip 02816
Director Name Timothy Tibbetts			Director Name		
Street Address 83 Conanicus Road			Street Address		
City Narragansett	State RI	Zip 02882	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.					
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 PAMELA L. BZDYRA					Date 6/26/17
Signature of Officer/Authorized Representative <i>[Signature]</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

FILED

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FORM 631 - Revised: 06/2017