



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

Annual Report for the year:
Non-Profit Corporation

2017

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- 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 000503451		2. Exact name of the Corporation LIGHTHOUSE GOSPEL MINISTRIES	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHURCH - NON-PROFIT ORGANIZATION.	
4. NAICS Code 813110			
6. Principal Office Address 163 HENDRICK STREET		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT AKINRIMISI		Vice-President Name DOYIN JOSEPH	
Street Address 163 HENDRICK STREET.		Street Address 163 HENDRICK ST.	
City PROVIDENCE	State RI	City PROV.	State RI
Zip 02908		Zip 02908	
Secretary Name BROTHER SUNNY ADEEYIJI		Treasurer Name SISTER OLAYEMI AKINRIMISI	
Street Address 18 GRAY STREET.		Street Address 163 HENDRICK STREET.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
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 PASTOR ROBERT AKINRIMISI		Director Name BROTHER ODUTOLA AKINGBADE.	
Street Address 163 HENDRICK ST.		Street Address 12 MARYLYN ST.	
City PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02908		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	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
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 PASTOR ROBERT AKINRIMISI			Date 01/10/2018
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE FILED

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BY C21601834