RI SOS Filing Number: 201863603690 Date: 5/4/2018 4:00:00 PM

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

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CORPORATIONS DIV
2018 MAY -4 AM 11:19

Annual Report for the year: 2018
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	2. Exact name of the corporation
000834606	Light House Church of God - Iglesia De Dios Faro De Luz
3. State of Incorporation: RI.	5. Brief description of the character of business conducted in Rhode Island: Religious Meetings
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
95 Hathaway St Suite 45	Providence	RI	02907

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

President Name	Vice-President Name
Samuel Hernandez	Dinorah Hernandez
Street Address: 96 Rosella Ave.	Street Address: 96 Rosella Ave
City: Pawtucket State: RI Zip: 02861	City: Pawtucket State: RI Zip: 02861
Secretary Name	**Treasurer Name**
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Maria Hate	Altagracia Gordils
Street Address: 10 Laurel Hill Ave	Street Address: 65 Thurston St.
City: Providence State: RI. Zip: 02909	City: Providence State: RI Zip: 02907
Director Name: Dinorah Hernandez	Director Name
Street Address: 96 Rosella Ave.	Street Address
City: Pawtucket State: RI Zip: 02861	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	Date
Dinorah Hernandez	5/4/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
MAY 04 2018
11:19
BY KL 329970

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: 11/2017