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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

	FILED ON
	JUN 0 7 2018
BY	15665

					<u> </u>		
Entity ID Number	ID Number 2. Exact name of the Corporation						
000066384	Living Hope Assembly of God						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Establishing and maintaining place of worship of Almighty God, our Heavenly Father						
4. NAICS Code							
813110 - Religious Organiza							
6. Principal Office Address			City	State	Zip		
100 Broadway			Pawtucket	RI	02860		
7. List ALL officers (names and add	lresses)		- · · · ·	Check the box to indic	ate an attachment		
President Name Charles Cabral			Vice-President Name None				
Street Address 96 Clyde St			Street Address				
City Pawtucket	State RI	^{Ζιρ} 02860	City	State	Zip		
Secretary Name Bridgete Koroma		•	Treasurer Name Esther Yearwood				
Street Address 30 East George St			Street Address 160 Rocco Ave				
City Providence	State RI	^{Zip} 02906	City Pawtucket	State RI	Zip 02860		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Daniel Yeboah			Director Name Steve Appiah				
Street Address 115 Daggett Ave			Street Address 17 Gloria St				
City Pawtucket	State RI	^{Zip} 02861	City Pawtucket	State RI	Zıp 02861		
Director Name Juvencio DaSilva			Director Name Kathy Allen				
Street Address 70 Courtney Ave			Street Address 65 West St				
City Pawtucket	State RI	^{Zip} 02861	City North Attleboro	State MA	Z _{IP} 02760		
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 Repres	Date						
Charles Cabi		June 5, 2018					
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov