



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

FILED

JUN 25 2018

BY 11208

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 000027033		2. Exact name of the Corporation Faith Lutheran Brethren Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, Church			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 43 Scituate Ave		City Cranston	State RI	Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carl D. Ekelund		Vice-President Name Bruce Carlson			
Street Address 150 Potter St		Street Address 9 Myrtle Ave			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Dolores Mackenzie		Treasurer Name Cynthia Mackenzie			
Street Address 8 Central St		Street Address 8 Central St			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Julie Sandin		Director Name Thomas Bauman			
Street Address 41 Crossway Rd		Street Address 4066 Post Rd, Apt 9			
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886
Director Name Peter Panicucci		Director Name Earl Sandin			
Street Address 50 Horta Dr		Street Address 51 King St			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
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 Carl D. Ekelund				Date June 17, 2018	
Signature of Officer/Authorized Representative 					

MAIL TO:
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