

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB - 1 PM 12:04Annual Report for the year:  
Non-Profit Corporation2018

→ 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 <b>148540</b>		2. Exact name of the Corporation <b>Life Resorred Community Church</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>to spread the Gospel of Jesus Christ</b>	
4. NAICS Code <b>81410</b>		Title: <b>7-6</b>	
6. Principal Office Address <b>1619 Lonsdale Ave</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Steven P. Gomes</b>		Vice-President Name <b>David K. Halligan</b>	
Street Address <b>77 Lushman Ave</b>		Street Address <b>27 Dixon Ave</b>	
City <b>E. Prov</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02809</b>	
Secretary Name <b>Duane Rauls</b>		Treasurer Name <b>David Ferreira</b>	
Street Address <b>26 Wayne Ave</b>		Street Address <b>40 George St.</b>	
City <b>Oxford</b>	State <b>MA</b>	City <b>E. Prov</b>	State <b>RI</b>
Zip <b>01540</b>		Zip <b>02914</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Steven A. King</b>		Director Name <b>David K. Halligan</b>	
Street Address <b>400 New River Road</b>		Street Address <b>27 Dixon Ave</b>	
City <b>Lincoln</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02838</b>		Zip <b>02809</b>	
Director Name <b>Duane Rauls</b>		Director Name <b>David Ferreira</b>	
Street Address <b>26 Wayne Ave</b>		Street Address <b>40 George St.</b>	
City <b>Oxford</b>	State <b>MA</b>	City <b>E. Prov</b>	State <b>RI</b>
Zip <b>01540</b>		Zip <b>02914</b>	
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 <b>Steven P. Gomes</b>			Date <b>February 1, 2019</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

FEB 01 2019

BY **KL F6TWN**  
**12:05**