



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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB - 1 PM 12:04

Annual Report for the year:
Non-Profit Corporation

2018

- 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 148540		2. Exact name of the Corporation Life Resurrected Community Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to spread the Gospel of Jesus Christ Title: 7-6	
4. NAICS Code 81410			
6. Principal Office Address 1619 Lonsdale Ave		City Lincoln	State RI Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven P. Gomes		Vice-President Name David K. Halligan	
Street Address 77 Lushman Ave		Street Address 27 Dixon Ave	
City E. Prov	State RI Zip 02914	City Bristol	State RI Zip 02809
Secretary Name Duane Rauls		Treasurer Name David Ferreira	
Street Address 26 Wayne Ave		Street Address 40 George St.	
City Oxford	State MA Zip 01540	City E. Prov	State RI Zip 02914
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 Steven A. King		Director Name David K. Halligan	
Street Address 400 New River Road		Street Address 27 Dixon Ave	
City Lincoln	State RI Zip 02835	City Bristol	State RI Zip 02809
Director Name Duane Rauls		Director Name David Ferreira	
Street Address 26 Wayne Ave		Street Address 40 George St.	
City Oxford	State MA Zip 01540	City E. Prov	State RI Zip 02914
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 Steven P. Gomes			Date February 1, 2019
Signature of Officer/Authorized Representative 			FILED

FEB 01 2019

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY KL F6TWN
12:05

FORM 631 - Revised: 11/2017