



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

Annual Report for the year: **2019**
 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
 JUN 12 2019 *OL*
 RY 7319

1. Entity ID Number 70476		2. Exact name of the Corporation Apostolic Temple (U.P.C.I.)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To establish a place of worship			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 68 Tobie St.			City Pawtucket	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Kevin D. Horne			Vice-President Name none		
Street Address 68 Tobie St.			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Susan L. Vandal			Treasurer Name Susan L. Vandal		
Street Address 38 Stearns St.			Street Address 38 Stearns St.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Rev. Kevin D. Horne			Director Name Michael S. Andrade		
Street Address 68 Tobie St.			Street Address 2 Meadow Glen Dr.		
City Pawtucket	State RI	Zip 02861	City Lincoln	State RI	Zip 02865
Director Name Michael Krupka			Director Name Alan Rivera		
Street Address 15 Somerset Road			Street Address 44 Baldino Dr.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
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 Susan L. Vandal					Date 06/09/2019
Signature of Officer/Authorized Representative <i>Susan L. Vandal</i>					

MAIL TO:
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 Website: www.sos.n.gov