



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

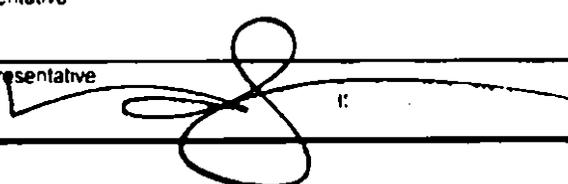
FILED

Annual Report for the year: 2019
Non-Profit Corporation

AUG 30 2019

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30

BY ISS3 OS

1. Entry ID Number 56858		2. Exact name of the Corporation Living Faith Christian Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Biblical Research, Religious Teaching, And Fellowship Ministry			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 1201 Greenwich Avenue		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor Gluckin		Vice-President Name Pamela L. Bzdyra			
Street Address 21 Lake Drive		Street Address 9 Benjamin Street			
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 08818
Secretary Name Timothy Tibbetts		Treasurer Name Joelle M. Brown			
Street Address 82 Conanicus Road		Street Address 615 Knotty Oak Road			
City Narragansett	State RI	Zip 02882	City Coventry	State RI	Zip 02816
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 Richard T. Bzdyra		Director Name Joelle M. Brown			
Street Address 9 Benjamin Street		Street Address 615 Knotty Oak Road			
City Warwick	State RI	Zip 02818	City Coventry	State RI	Zip 02816
Director Name Charles Doherty		Director Name --			
Street Address 138 Budlong Avenue		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
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 Victor Gluckin				Date 07/28/2019	
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