



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

Annual Report for the year: **2020**

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.

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BUS SVCS DIV

2020 MAY 29 AM 10:27

1. Entity ID Number 000066384		2. Exact name of the Corporation Living Hope Assembly of God			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Establishing and maintaining place of worship of Almighty God, our Heavenly Father			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 100 Broadway		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Cabral		Vice-President Name None			
Street Address 96 Clyde St		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Bridgete Koroma		Treasurer Name Esther Yearwood			
Street Address 47 Juniper Rd		Street Address 160 Rocco Ave			
City N Attleboro	State MA	Zip 02760	City Pawtucket	State RI	Zip 02860
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 Robert Hill		Director Name Shondell Wilson			
Street Address 60 Slocum St		Street Address 59 Blaine St			
City Attleboro	State MA	Zip 20703	City Providence	State RI	Zip 02904
Director Name Juvencio DaSilva		Director Name			
Street Address 70 Courtney Ave		Street Address			
City Pawtucket	State RI	Zip 02861	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.					
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 <i>Charles Cabral</i> President					Date 5-28-2020
Signature of Officer/Authorized Representative <i>Charles Cabral</i>					

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

FILED

MAY 29 2020

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FORM 631 - Revised: 06/2019