



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2020
 Non-Profit Corporation

2021 MAR -9 A 9:47

- 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 001656901		2. Exact name of the Corporation Liberty Apostolic Center, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A non denominational Church	
4. NAICS Code 813110			
6. Principal Office Address 4 Hidden Valley Lane		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 Andrew Mangeni		Vice-President Name Allan Mulondo	
Street Address 4 Hidden Valley Lane		Street Address 13 Lamalfa Road	
City Lincoln	State RI	City Randolph	State NJ
	Zip 02865		Zip 07869
Secretary Name Anna Mangeni		Treasurer Name Anna Mangeni	
Street Address 4 Hidden Valley Lane		Street Address 4 Hidden Valley Lane	
City Lincoln	State RI	City Lincoln	State RI
	Zip 02865		Zip 02865
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 Andrew Mangeni		Director Name Allan Mulondo	
Street Address 4 Hidden Valley Lane		Street Address 13 Lamalfa Road	
City Lincoln	State RI	City Randolph	State NJ
	Zip 02865		Zip 07869
Director Name Anna Mangeni		Director Name Priscilla Da Silva	
Street Address 4 Hidden Valley Lane		Street Address 3 Gilbert Ct	
City Lincoln	State RI	City Cumberland	State RI
	Zip 02865		Zip 02864
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Anna M. Mangeni			Date 3/8/2021
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

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 BY **AB 22EQW** FORM 631 - Revised: 08/202