RI SOS Filing Number: 202198460130 Date: 6/17/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2021
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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Entity ID Number	2. Exact name of the Corporation						
000508398	BOB LANCIA MINISTRIES, INC.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Teaching and Publishing Biblical Principles						
4. NAICS Code							
813110 - Religious Organizations							
6. Principal Office Address			City	State	Zip		
25 Church Hill Drive			Cranston	RI	02920		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Rev. Dr. Robert B. I	nt Name Rev. Dr. Robert B. Lancia			Vice-President Name Rev. Dr. Robert B. Lancia			
Street Address 25 Church Hill Drive	e		Street Address 25 Church Hill Drive				
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Secretary Name Maryann Lancia		<u> </u>	Treasurer Name Rev. Dr. Robert B. Lancia				
Street Address 25 Church Hill Drive		Street Address 25 Church Hill Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Z <sub>1</sub> p 02920		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Lisa M. Cardello		Director Name Maryann Lancia					
Street Address 20 Walnut Avenue		Street Address 25 Church Hill Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Director Name Lee A. Williams			Director Name				
Street Address 932 Park Avenue, 1st Floor		Street Address					
City Woonsocket	State RI	Zip 02895	City	State	Zip		
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.							
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							
Rev. Dr. Robert B. Lancia							
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