RI SOS Filing Number: 202100303720 Date: 8/23/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
AUG 23 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
56858	**Living Faith Christian Church**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Biblical Research, Religious Training and Fellowship Ministry
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
1201 Greenwich Avenue	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Victor Gluckin			Vice-President Name: Pamela L. Bzdyra		
Street Address: 121 Glenwood Drive			Street Address: 9 Benjamin Street		
City: North Kingstown	State: RI	Zip: 02852	City: Warwick	State: RI	Zip: 02818
Secretary Name: Timothy Tibbetts			Treasurer Name: Joelle M. Brown		
Street Address: 83 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 ☐

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: Russell Brown			Director Name:		
Street Address: 615 Knotty Oak Road			Street Address:		
City: Coventry	State: RI	Zip: 02816	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	Date
Pamela L. Bzdyra, Vice President	8/15/21

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 08/2020