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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	
Non-Profit Corporation	C

2020

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→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Corporation							
27259	Light House of Faith '							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	Church							
4. NAICS Code	January session 1888							
813110 - Religious Organizati								
6. Principal Office Address			City	State	Zip			
198 Main Road			Tiverton	RI	02878			
7. List ALL officers (names and add				Check the box to inc	dicate an attachment			
President Name PERKINS		Vice-President Name KEU. ALLAN RUPERT						
Street Address ERNEST DRIVE		Street Address						
WESLEY CHAPEL	Slate	^z 33543	JERMYN	Stett	^{zi} /8433			
REV. KYAN REVELEY			MR. DENNIS WRIGHT					
Street Address GORHAM	SORHAM STREET			Street Address CLINGAN ROAD, 18-D				
CHELM SFORD	State	01824	STRUTHERS	State OH	Zip44471			
8. List ALL directors (names and ad	dresses). RI Corp	porations MUST lis	t at least THREE directors.	Check the box to ind	icate an attachment			
OFFECTION PROPERTY OF THE PROP			Director Name KEV. DONALD KAHLER					
Street Address W. WALNUT STREET			Street Address 5227 HOLMES STREET					
COAL TOWNSHIP	A Caleus	397866	PITTSBURGH	State	Zip 15201			
Diregion Name KEV. DANIEL PASTORIUS.			Director Name					
Street Address 1241 DAKRIDGE STREET		Street Address						
	Spring.	15226	City	Slate	Zip			
The Registered Agent information	of record with th	e RI Department o	f State is accurate. Changes red	quire filing Form 64	1.			
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, duty Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative			Date	1				
KEV. FRED PERKINS, PRES.			10/0:	3122				
Signature of Officer/Authorized Representative								
THE FILE								
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

