



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 27259		2. Exact name of the Corporation Light House of Faith			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church January session 1888			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 198 Main Road			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name REV. FRED PERKINS			Vice-President Name REV. ALLAN RUPERT		
Street Address 4210 ERNEST DRIVE			Street Address 763 JEFFERSON AVENUE		
City WESLEY CHAPEL	State FL	Zip 33543	City JERMYN	State PA	Zip 18433
Secretary Name REV. RYAN REVELEY			Treasurer Name MR. DENNIS WRIGHT		
Street Address 128 GORHAM STREET			Street Address 5645 CLINGAN ROAD, 18-D		
City CHELMSFORD	State MA	Zip 01824	City STRUTHERS	State OH	Zip 44471
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 REV. DAVID WILDONER			Director Name REV. DONALD KAHLER		
Street Address 1316 W. WALNUT STREET			Street Address 5227 HOLMES STREET		
City COAL TOWNSHIP	State PA	Zip 17866	City PITTSBURGH	State PA	Zip 15201
Director Name REV. DANIEL PASTORIUS			Director Name		
Street Address 1241 DAKRIDGE STREET			Street Address		
City PITTSBURGH	State PA	Zip 15226	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. FRED PERKINS, PRES.					Date 10/03/22
Signature of Officer/Authorized Representative 					

FILED

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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FORM 631 - Revised: 11/2021