



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 OCT 24 PM 1:50

1. Entity ID Number <b>27259</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>REV. FRED PERKINS</b>		Vice-President Name <b>REV. ALLAN RUPERT</b>	
Street Address <b>4210 ERNEST DRIVE</b>		Street Address <b>763 JEFFERSON AVENUE</b>	
City <b>WESLEY CHAPEL</b>	State <b>FL</b>	Zip <b>33543</b>	City <b>JERMYN</b>
			State <b>PA</b>
			Zip <b>18433</b>
Secretary Name <b>REV. RYAN REVELEY</b>		Treasurer Name <b>MR. DENNIS WRIGHT</b>	
Street Address <b>128 GORHAM STREET</b>		Street Address <b>5645 CLINGAN ROAD, 18-D</b>	
City <b>CHELMSFORD</b>	State <b>MA</b>	Zip <b>01824</b>	City <b>STRUTHERS</b>
			State <b>OH</b>
			Zip <b>44471</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>REV. DAVID WILDONER</b>		Director Name <b>REV. DONALD KAHLER</b>	
Street Address <b>1316 W. WALNUT STREET</b>		Street Address <b>5227 HOLMES STREET</b>	
City <b>COAL TOWNSHIP</b>	State <b>PA</b>	Zip <b>17866</b>	City <b>PITTSBURGH</b>
			State <b>PA</b>
			Zip <b>15201</b>
Director Name <b>REV. DANIEL PASTORIUS</b>		Director Name	
Street Address <b>1241 OAKRIDGE STREET</b>		Street Address	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip <b>15226</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <b>REV. FRED PERKINS, PRES.</b>			Date <b>10/03/22</b>
Signature of Officer/Authorized Representative 			

FILED

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