




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

Annual Report for the year: 2013  
 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 <b>27259</b>		2. Exact name of the Corporation <b>Light House of Faith f</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110 - Religious Organization</b>		<b>January session 1888</b>			
6. Principal Office Address <b>198 Main Road</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>REV. FRED PERKINS, PRES.</b>					Date <b>10/03/22</b>
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

OCT 24 2022 A.A.  
 on file 1:57 pm.