



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2022 OCT 24 PM 1:49

Annual Report for the year: 2010
 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

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	
4. NAICS Code 813110 - Religious Organization		January session 1888	
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 OAKRIDGE 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 			

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

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 Form 991 - Revised: 11/2021