State of Rhode Island
Department of State - Business Services Division

FILED
JUL v 3 2023
BY 2968 RS

Annual Report for the year: 2023
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	2. Exact name of the Corporation
000035987	LOVE IS THE OIL AND VISION THAT WILL MENDED INC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	A NON PROFIT, CHARITABLE, CHRISTIAN ORG. FOR NEEDY, HOMELESS AND STARVING PEOPLE
4. NAICS Code	
624210	

6. Principal Office Address	City	State	Zip
8 NOLAN ST.	WEST WARWICK	R.I.	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ARMAND J. HORTA	JOAN D. HORTA
Street Address: 8 NOLAN ST.	Street Address: 8 NOLAN ST.
City: WEST WARWICK, State: R.I, Zip: 02893	City: WEST WARWICK, State: R.I., Zip: 02893
Secretary Name	**Treasurer Name**
JACOB N. HORTA	ARMAND J. HORTA
Street Address: 13 NOLAN ST.	Street Address: 8 NOLAN ST.
City: WEST WARWICK, State: R.I., Zip: 02893	City: WEST WARWICK, State: R.I, Zip: 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
WILLIAM PERRY	JACOB N. HORTA
Street Address: 26 PARK LANE #179	Street Address: 13 NOLAN ST.
City: COVENTRY, State: R.I., Zip: 02816	City: WEST WARWICK, State: R.I., Zip: 02893
Director Name	**Director Name**
JIM FISHER	ARMAND J. HORTA
Street Address: 49 LUFKIN DR	Street Address: 8 NOLAN ST.
City: WARWICK, State: R.I., Zip: 02888	City: WEST WARWICK, State: R.I., Zip: 02893

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	Date
ARMAND J. HORTA PRES.	6-15-23

Signature of Officer/Authorized Representative: Armand J. Horta

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

FORM 631- Revised: 04/2023