



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

JUL 13 2023

BY 2968 JS

- 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 000035987		2. Exact name of the Corporation LOVE IS THE OIL AND VISION THAT WILL ENDOW INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A NON PROFIT, CHARITABLE, CHRISTIAN ORG. FOR NEEDY, HOMELESS AND STARVING PEOPLE	
4. NAICS Code 629210			
6. Principal Office Address 8 NOLAN ST.		City WEST WARWICK	State R.I.
		Zip 02893	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name ARMANDO J. HORTA		Vice-President Name 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 JACOB N. HORTA		Treasurer Name ARMANDO 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 <input type="checkbox"/>			
Director Name WILLIAM PERRY		Director Name 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 JIM FISHER		Director Name ARMANDO 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 ARMANDO J. HORTA PRES.			Date 6-15-23
Signature of Officer/Authorized Representative <i>Armando J. Horta</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov