



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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

FILED
FEB 20 2024
BY 18339

1. Entity ID Number 70476		2. Exact name of the Corporation Apostolic Temple U.P.C.I.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To establish a place of worship			
4. NAICS Code 813110					
6. Principal Office Address 68 Tobie St.		City Pawtucket		State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rev. Kevin D. Horne			Vice-President Name none		
Street Address 68 Tobie St.			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Susan L. Vandal			Treasurer Name Susan L. Vandal		
Street Address 38 Stearns St.			Street Address 38 Stearns St.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Rev. Kevin D. Horne			Director Name Michael S. Andrade		
Street Address 68 Tobie St.			Street Address 246 Old River Road		
City Pawtucket	State RI	Zip 02861	City Lincoln	State RI	Zip 02865
Director Name Michael Krupka			Director Name Alan Rivera		
Street Address 15 Somerset Road			Street Address 113 Spring St.		
City Cranston	State RI	Zip 02910	City Newport	State RI	Zip 02840
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 Susan L. Vandal					Date 02/14/2024
Signature of Officer/Authorized Representative <i>Susan L. Vandal</i>					

MAIL TO:
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