State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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→ 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
000508273	LOCASHA Church of God
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church, christian religion
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
157 Sherman St	Pawtucket	RI	02860

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

President Name: Edward B. Kanneh			Vice-President Name:		
Street Address: 157 Sherman St			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Sammota Churgu			Treasurer Name: Dircia Silva		
Street Address: 157 Sherman St			Street Address: 157 Sherman St		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

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

Director Name: Stella Jones			Director Name: Favor Alice Tamba		
Street Address: 99 Vandewater St			Street Address: 157 Sherman St		
City: Providence	State: RI	Zip: 02908	City: Pawtucket	State: RI	Zip: 02860
Director Name: Dircia Silva			Director Name:		
Street Address: 157 Sherman St			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	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	Date
Edward B. Kanneh	**07/18/24**

Signature of Officer/Authorized Representative: [signature]

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

JUL 25 2024
BY XT618

FORM 631- Revised: 12/2023