



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

MAY 06 2024
1020Z

- 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 000066384		2. Exact name of the Corporation Living Hope Assembly of God			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Establishing and maintaining a place for the worship of almighty God, our heavenly Father			
4. NAICS Code 813110					
6. Principal Office Address 100 Broadway			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald Christian			Vice-President Name		
Street Address 16 Reade Street			Street Address		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Shardell Wilson			Treasurer Name Esther Yearwood		
Street Address 59 Blaine Street			Street Address 160 Rocco Ave.		
City Providence	State RI	Zip 02904	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 <input type="checkbox"/>					
Director Name Juvenio Dasilva			Director Name Brian Cabral		
Street Address 70 Courtney Ave.			Street Address 96 Clyde Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
Director Name Kristy Cabral			Director Name		
Street Address 38 Gooding Street			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.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DONALD CHRISTIAN				Date 05/01/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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