



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401) 222-3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|                                                                                                                                    |                       |                                                                            |                                        |                       |              |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------|----------------------------------------|-----------------------|--------------|
| 1. Corporate ID No.<br>74814                                                                                                       |                       | 2. Name of Corporation<br>Haitian Baptist Church of Rhode Island           |                                        |                       |              |
| 3. State of Incorporation<br>Rhode Island                                                                                          |                       | 4. Corporate address in Rhode Island - Street Address<br>12 Lincoln Avenue |                                        | City<br>Cranston      | Zip<br>02920 |
| 5. Foreign corporation. Enter principal office address                                                                             |                       |                                                                            | City                                   | State                 | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>Religious                     |                       |                                                                            |                                        |                       |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                       |                                                                            |                                        |                       |              |
| President Name<br>Jean W. Altera                                                                                                   |                       |                                                                            | Vice President Name<br>Latel Dulcine   |                       |              |
| Street Address<br>33 Priscilla Avenue                                                                                              |                       |                                                                            | Street Address<br>16 Walauga Avenue    |                       |              |
| City<br>Providence                                                                                                                 | State<br>Rhode Island | Zip<br>02909                                                               | City<br>North Providence               | State<br>Rhode Island | Zip<br>02911 |
| Secretary Name<br>Marguerite Jolicoeur                                                                                             |                       |                                                                            | Treasurer Name<br>Childraine Baltazard |                       |              |
| Street Address<br>68 Wood Street                                                                                                   |                       |                                                                            | Street Address<br>1069 Eddy Street     |                       |              |
| City<br>Providence                                                                                                                 | State<br>Rhode Island | Zip<br>02909                                                               | City<br>Providence                     | State<br>Rhode Island | Zip<br>02905 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                       |                                                                            |                                        |                       |              |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                 |                       |                                                                            |                                        |                       |              |
| Director Name<br>Lemeck Lous                                                                                                       |                       |                                                                            | Director Name<br>Wilson Sanon          |                       |              |
| Street Address<br>53 Winthrop Avenue                                                                                               |                       |                                                                            | Street Address<br>22 Killingly Street  |                       |              |
| City<br>Providence                                                                                                                 | State<br>Rhode Island | Zip<br>02908                                                               | City<br>Providence                     | State<br>Rhode Island | Zip<br>02909 |
| Director Name<br>Marc Dulcine                                                                                                      |                       |                                                                            | Director Name<br>Gabriel Pognon        |                       |              |
| Street Address<br>205 Home Avenue                                                                                                  |                       |                                                                            | Street Address<br>301 Ohio             |                       |              |
| City<br>Providence                                                                                                                 | State<br>Rhode Island | Zip<br>02908                                                               | City<br>Providence                     | State<br>Rhode Island | Zip<br>02905 |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78                 |                       |                                                                            |                                        |                       |              |
| Agent Name<br>Marguerite Jolicoeur                                                                                                 |                       |                                                                            | Address                                |                       |              |
| Address<br>68 Wood Street                                                                                                          |                       |                                                                            | City<br>Providence                     | Zip<br>02909          |              |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date OCT 01 2007  
Check No. By 038285 1:47  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Marguerite Jolicoeur 10/01/07  
Signature of Officer Date

Marguerite Jolicoeur

Print or Type Name of Officer

Secretary

Title of Officer