



State of Rhode Island  
and Providence Plantations  
Office of the 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>154238                                                                                                      |               | 2. Name of Corporation<br>PROVIDENCE SECOND HAITIAN CHURCH OF GOD, INC.    |               |
| 3. State of Incorporation<br>R.I.                                                                                                  |               | 4. Corporate address in Rhode Island - Street address<br>1275 ELMWOOD AVE. |               |
|                                                                                                                                    |               | City<br>CRANSTON                                                           | Zip<br>02907  |
| 5. Foreign corporation. Enter principal office address<br>1275 ELMWOOD AVE.                                                        |               | City<br>CRANSTON                                                           | State<br>R.I. |
|                                                                                                                                    |               |                                                                            | Zip<br>02907  |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>RELIGIOUS ACTIVITIES.         |               |                                                                            |               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |               |                                                                            |               |
| President Name<br>REV. LEMECK LOUIS                                                                                                |               | Vice President Name<br>REV. GERARD TOLES                                   |               |
| Street Address<br>53 WINTHROP AVE.                                                                                                 |               | Street Address<br>37 THURBER STREET                                        |               |
| City<br>PROV.                                                                                                                      | State<br>R.I. | City<br>PROV.                                                              | State<br>R.I. |
| Zip<br>02908                                                                                                                       |               | Zip<br>02904                                                               |               |
| Secretary Name<br>NICOLLE FEVRY                                                                                                    |               | Treasurer Name<br>MARIE BALTAZARD.                                         |               |
| Street Address<br>170 CANTON Street                                                                                                |               | Street Address<br>1071 EDDY STREET                                         |               |
| City<br>PROV.                                                                                                                      | State<br>R.I. | City<br>PROV.                                                              | State<br>R.I. |
| Zip<br>02908                                                                                                                       |               | 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>PIERRE MICHEL GEDEON                                                                                              |               | Director Name<br>JEAN W. ALTERA                                            |               |
| Street Address<br>14 LINDA COURT                                                                                                   |               | Street Address<br>33 PRISCILLA AVE.                                        |               |
| City<br>PROV.                                                                                                                      | State<br>R.I. | City<br>CRANSTON                                                           | State<br>R.I. |
| Zip<br>02904                                                                                                                       |               | Zip<br>02909                                                               |               |
| Director Name<br>POGNON GABRIEL                                                                                                    |               | Director Name                                                              |               |
| Street Address<br>301 OHIO AVE.                                                                                                    |               | Street Address                                                             |               |
| City<br>PROV.                                                                                                                      | State<br>R.I. | City                                                                       | State         |
| Zip<br>02905                                                                                                                       |               | Zip                                                                        |               |
| 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>BROTHER BRUNY FEVRY                                                                                                  |               | Address                                                                    |               |
| Address<br>1275 ELMWOOD AVE.                                                                                                       |               | City<br>CRANSTON                                                           | Zip<br>02907. |

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

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JAN 30 AM 10:56  
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JAN 30 2008  
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11-48264

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.

Signature of Officer Bruny Fevry Date 1/22/08  
Print or Type Name of Officer  
CORPORATION'S AGENT.  
Title of Officer