

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 20 0 401.2 Filling Period: June 1 - June 30 • Filling 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 smaller for a feet 55.00

1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
28104	Igreja Evar	Igreja Evangelica Pentecostal Assembleia de Deus				
3. State of Incorporation	4. Corporate ad	ldress in Rhode Island - Street	Address	City	Ζip	
Rhode Island	46 Baird A			N. Providence	02904	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the ch	paracter of the affairs whi	ch are actually conducted in R	Phode Island			
Church - Non-l	Profit Organization					
7. NAMES AND ADDI	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPACE	CES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Joaquim A. Gono	alves		Joaquim D. Couto			
Street Address		***	Street Address			
32 Peck Street			177 Brook Street			
City	State	Zip	City	State	Zip	
Seekonk_	MA	02771	Providence	RI	02905	
Secretary Name			Treasurer Name			
Aurora R. Goncalves			Julie G. Gavilanez-Mastrofine			
Street Address			Street Address			
32 Peck Street			46 Baird Avenue			
City	State	Zip	City:	State	Zip	
Seekonk	MA	02771	N. Providence	RI	02904	
			ATTACHMENT) TILL IN SPAC			
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL I	<u>NOT BE LESS THAN THRE</u>	E (3). R.I.G.L. 7-6-2	
Director Name			Director Name			
Teodoro Correia			Joaquim A. Gonçaives			
Street Address		*-	Street Address			
62 Comstock Street			32 Peck Street			
City	State	Zip	City	State	Zip	
Pawtucket	RI	02860	Seekonk	MA	02771	
Director Name			Director Name			
Joaquim D. Couto						
Street Address			Street Address			
177 Brook Street						
City	State	Zip	City	State	Zip	
Providence	RI	02905	I	İ		
9. REGISTERED AGEN	IT IN RHODE ISLA	ND .		•	1	
This information is a	antly of rooms 2- 4	Office of the Co.	.s.a			
This information is curr	emily of record in the	Office of the Secretary of	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/	7-6-78	
This repor	t must be signed by	either the President, Vic	e President, Secretary, Assistan	t Secretary, Treasurer, Rece	iver or Trustee	

FILED 04	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date MAY 1 8 2010 Check No. 3444 By:	Signature of Office Signat
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17