



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 2011

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. 128712		2. Name of Corporation ELMWOOD AVENUE CHURCH OF GOD, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 297 Elmwood Avenue		City Providence	Zip RI
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 CHURCH					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pelegge Laurent			Vice President Name N/A		
Street Address 297 Elmwood Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Marc Hiralien			Treasurer Name Pologne Charles		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 Pelegge Laurent			Director Name Marc Hiralien		
Street Address 297 Elmwood Avenue			Street Address Same		
City Providence	State RI	Zip 02907	City	State	Zip
Director Name Pologne Charles			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

FILED

OCT 14 2011

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 Pelegge Laurent Date 08-01-2011

Print or Type Name of Officer
Pelegge Laurent

Title of Officer

President

Title of Officer

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	