

*Amend*



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>159493</b>		2. Exact name of the Corporation <b>Centre Evangelique du Nazareen</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>to hold religious services, including weddings church, Sunday school, etc.</b>	
5. Principal office address <b>285 Smith Street</b>		City <b>Providence</b>	State <b>RI</b> Zip <b>02909</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Secretary Name <b>Chantale Sarrasin</b>	Treasurer Name <b>Marie Jean Lais</b>		
Street Address <b>171 Friendship Street</b>	Street Address <b>33 Kelly Street</b>		
City <b>N. Prov</b>	State <b>RI</b> Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b> Zip <b>02909</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Pastor Jean Hikeire</b>		Director Name <b>Jean C. Calixte</b>	
Street Address <b>174 Fairmount Ave</b>		Street Address <b>23 Pomona Ave</b>	
City <b>Hyde Park</b>	State <b>MA</b> Zip <b>02126</b>	City <b>Providence</b>	State <b>RI</b> Zip <b>02908</b>
Director Name <b>Denise Feury</b>		Director Name <b>Ceres Robert</b>	
Street Address <b>224 Oxford St.</b>		Street Address <b>23 Lisbon St.</b>	
City <b>Providence</b>	State <b>RI</b> Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b> Zip <b>02908</b>
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

BY

**FILED**

**DEC 20 2012**

**12:17**

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

Date

Print or Type Name of Officer

Title of Officer



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

