



**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 **2013**

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.

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 CORPORATIONS DIV  
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|  |                    |  |                    |                     |     |
|--|--------------------|--|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>128712</b>  |                    | 2. Exact name of the Corporation<br><b>Elmwood Avenue Church of God, Inc.</b>                |                    |                     |     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Church</b> |                    |                     |     |
| 5. Principal office address<br><b>297 Elmwood Avenue</b>   |                    | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b> |     |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |                    |                     |     |
| President Name<br><b>Pelegge Laurent</b>   |                    | Vice-President Name<br><b>N/A</b>  |                    |                     |     |
| Street Address<br><b>297 Elmwood Avenue</b>  |                    | Street Address   |                    |                     |     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b>  | City               | State               | Zip |
| Secretary Name<br><b>Marc Hiralien</b>   |                    | Treasurer Name<br><b>Pologne Charles</b>   |                    |                     |     |
| Street Address<br><b>Same</b>  |                    | Street Address<br><b>Same</b>  |                    |                     |     |
| City   | State              | Zip  | City               | State               | Zip |
| <b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |  |                    |                     |     |
| Director Name<br><b>Pelegge Laurent</b>  |                    | Director Name<br><b>Marc Hiralien</b>  |                    |                     |     |
| Street Address<br><b>297 Elmwood Avenue</b>  |                    | Street Address<br><b>Same</b>  |                    |                     |     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02907</b>  | City               | State               | Zip |
| Director Name<br><b>Pologne Charles</b>  |                    | Director Name  |                    |                     |     |
| Street Address<br><b>Same</b>  |                    | Street Address   |                    |                     |     |
| City   | State              | Zip  | City               | State               | Zip |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>   |                    |  |                    |                     |     |
| 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**

**FILED**

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By H9-200913

A.A.

Form No. 631  
 Revised: 05/2012

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.

*Pelegge Laurent July 13*

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
*Pelegge Laurent*  
 Print or Type Name of Officer  
 Title of Officer President

*7-313*