



**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.

1. Entity ID No. 159493		2. Exact name of the Corporation Centre Evangelique du Nazareen			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To hold religious services such as weddings, Sunday school			
5. Principal office address 285 Smith Street		City Providence	State RI	Zip 02908	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Chantale SARRASIN			Treasurer Name Bethy Calixte		
Street Address 171 Friendship St.			Street Address 23 Pomona		
City W. Providence	State RI	Zip 02904	City Providence	State RI	Zip 02908
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name Pastor Jean Hilaire			Director Name Ceres Robert		
Street Address 114 Hyde Park Fairmount Ave			Street Address 23 Usben St.		
City Hyde Park	State MA	Zip 02	City Providence	State RI	Zip 02908
Director Name Denise Fevry			Director Name		
Street Address 224 Oxford St.			Street Address		
City Providence	State RI	Zip 02905	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** 1144

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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