



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000028104

2. Name of Corporation Igreja Evangelica Pentecostal Assembleia De Deus

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 16433

City or Town: EAST PROVIDENCE

State: RI Zip: 02916 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SARA P SILVA	53 HAMLET AVE WOONSOCKET, RI 02895 USA
SECRETARY	SARA GONCALVES	1227 NEWMAN AVE SEEKONK, MA 02771 USA
VICE PRESIDENT	JOAQUIM D COUTO	177 BROOK ST

		PROVIDENCE, RI 02905 USA
PRESIDENT	JOAQUIM A GONCALVES	32 PECK ST. SEEKONK, MA 02771 USA
DIRECTOR	TEODORO CORREIA	62 COMSTOCK STREET PAWTUCKET, RI 02860
DIRECTOR	JOAQUIM A GONCALVES	32 PECK ST. SEEKONK, MA 02771 USA
DIRECTOR	SARA P SILVA	53 HAMLET AVENUE WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SARA SILVA 53 HAMLET AVENUE WOONSOCKET , RI 02895

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of June, 2014 at 5:51:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SARA P SILVA
Signature of Authorized Person

Form No. 631
Revised 09/07

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