



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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 services including weddings, Church funeral, Sunday school etc.	
5. Principal office address 285 Smith Street		City Providence	State RI
Zip 02908			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES)			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name Chantale SARRASIN		Treasurer Name Bethy V. Calixte	
Street Address 171 Friendship St		Street Address 22 Pomona St	
City N. Prov	State RI	City Providence	State RI
Zip 02904		Zip 02908	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (LIST NO LESS THAN THREE (3) DIRECTORS)			
Director Name Pastor Jean Hilair		Director Name Denise Feury	
Street Address 114 Fairmount		Street Address 227 Oxford St	
City Hyde Park	State MA	City Providence	State RI
Zip 02860		Zip 02905	
Director Name Chantale SARRASIN		Director Name Diace Wilfrid Nazaire	
Street Address 171 Friendship St		Street Address 23 Pomona St	
City N. Providence	State RI	City Providence	State RI
Zip 02904		Zip 02908	
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, duly Authorized Representative, Receiver or Trustee

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

FILED

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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 or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative