



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

2014
~~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. 797376		2. Exact name of the Corporation Igreja Evangelica Ebenezer			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 128 Summer St 2nd Fl		City Central Falls	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Cliff Fid.			Vice-President Name		
Street Address 143 Glenwood Av			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>					
Director Name Daniel Durst			Director Name Ana Maria Fortes Duarte		
Street Address 128 Summer St.			Street Address (128 Summer) 188 Harmon St.		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
Director Name Rita Gomes			Director Name		
Street Address 101 Summer St.			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
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

FILED

APR 06 2016

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.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

Form No. 631

Revised: 04/2014