

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

MG ONLYED SECRETARY OF STATE CORPORATIONS DIV

2016 JUN 27 AM 10: 02

1. Entity ID Number	2. Exact name of the Corporation				
000028835	CHRISTIAN BRETHREN OF PAWTUCKET				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	We are a Church functioning fully for the spiritual benefit of the community				
5. Principal Office Address			City	State	Zip
400 LONSDALE AVENUE			PAWTUCKET	R.I.	02860-1818
6. List ALL officers (names and a	addresses)		Check the box to indicate an attachment		
President Name CARLOS E. CERQUEIRA			Vice-President Name DAVID CERQUEIRA		
Street Address 101 BURNSIDE STREET			Street Address 101 BURNSIDE STREET		
City CRANSTON	State R.I.	^{Zip} 02910	City CRANSTON	State R.I.	^{Zip} 02910
Secretary Name PEDRO CERQUEIRA			Treasurer Name CARLOS E. CERQUEIRA		
Street Address 101 BURNSIDE STREET			Street Address 101 BURNSIDE STREET		
City CRANSTON	State R.I.	^{Zip} 02910	City CRANSTON	State R.I.	^{Zip} 02910
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name STEVE LABÃO			Director Name JOÃO CARNEIRO		
Street Address 88 WEST EARLE STREET			Street Address 19 ERIN LANE		
CityCUMBERLAND	State R.I.	^{Zip} 02864	City HYANNIS	State MA	^{Zip} 02601
Director Name RAFAEL NOBREGA			Director Name JAIME SOUSA		
Street Address 84 DIVISION STREET			Street Address 118 BALCH STREET		
City CENTRAL FALLS	State R.I.	^{Zip} 02863	City PAWTUCKET	State R.I.	^{Zip} 02861
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State, Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
CARLOS E. CERQUEIRA				JUNE 27, 2016	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JUN 27 2016

FORM 631 - Revised: 05/2016