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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.

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1. Entity ID Number <u>000489017</u>		2. Exact name of the Corporation <u>Emmanuel Nazarene Church of RI</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>To Proclaim the Gospel and teach de bible to All Nations</u>			
5. Principal Office Address <u>266 Dexter street</u>		City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Pastor Miche Desvalon</u>		Vice-President Name <u>Pastor Evens Jean Baptiste</u>			
Street Address <u>365 Smithfield Ave</u>		Street Address <u>98 Stearns St</u>			
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Claudine Simon</u>		Treasurer Name <u>Roosevelt Charles</u>			
Street Address <u>237 Division St</u>		Street Address <u>94 LAKE ST</u>			
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Pastor Miche Desvalon</u>		Director Name <u>Pastor EVENS JR. BAPTISTE</u>			
Street Address <u>365 Smithfield Ave #2 Pawtucket</u>		Street Address <u>98 Stearns St</u>			
City <u>RI</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
Director Name <u>Diacre Jean merlan</u>		Director Name			
Street Address <u>52 Felix S</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <u>[Signature]</u>				Date <u>10 7 16</u>	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

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BY Ch 285418

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