RI SOS Filing Number: 201610007290 Date: 10/07/2016 10:52 AM $60.00

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

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	2. Exact name of the Corporation
000489017	Ebenezer Nazarene Church of RI
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To Proclaim the Gospel and teach de bible To All Nations

5. Principal Office Address	City	State	Zip
266 Dexter street	Pawtucket	RI	02860

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Pastor Miche Desvalon	Pastor Evens Jean Baptiste
Street Address: 365 Smithfield Ave	Street Address: 98 Tearns st
City: Pawtucket / State: RI / Zip: 02860	City: Pawtucket / State: RI / Zip: 02860
Secretary Name	**Treasurer Name**
Claudine Simon	Rooseveltt Charles
Street Address: 237 Division st	Street Address: 94 Lake St
City: Pawtucket / State: RI / Zip: 02860	City: Cranston / State: RI / 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	Director Name
Pastor Miche Desvalon	pastor Evens JR. Baptiste
Street Address: 365 Smithfield Ave # 2 Pawtucket	Street Address: 98 Tearns ST
City: RI / State: / Zip: 02860	City: Pawtucket / State: RI / Zip: 02861
Director Name: Diacre Jean merlain	Director Name:
Street Address: 52 Felix S	Street Address:
City: Providence / State: RI / Zip: 02908	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.

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
Jean	10 7 16

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

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OCT 07 2016
BY CN285418
10:52

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

142868-44134241

FORM 631 - Revised: 05/2016