



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 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.

2017

1. Entity ID Number <i>797376</i>	2. Exact name of the Corporation <i>IGREJA EVANGELICA LUTERANA</i>		
3. State of Incorporation <i>RI</i>	4. Brief description of the character of business conducted in Rhode Island <i>Church</i>		

5. Principal Office Address <i>128 Summer St. 2nd fl.</i>	City <i>Central Falls</i>	State <i>RI</i>	Zip <i>02863</i>
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <i>Rev. Cliff Tid</i>		Vice-President Name	
Street Address <i>143 Greenwood Av.</i>		Street Address	
City <i>Pawtucket</i>	State <i>RI</i>	Zip <i>02860</i>	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City

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 R.I. DEPT. OF
 BUS. SERVICES DIV.
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7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <i>Daniel Foote</i>		Director Name <i>Anna Maria</i>	
Street Address <i>128 Summer St.</i>		Street Address <i>128 Summer - 188 Hammond St.</i>	
City <i>Central Falls</i>	State <i>RI</i>	Zip <i>02863</i>	City <i>Pawtucket</i>
Director Name <i>Rita Gomes</i>		Director Name	
Street Address <i>100 Summer St.</i>		Street Address	
City <i>Central Falls</i>	State <i>RI</i>	Zip <i>02863</i>	City

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 <i>Daniel Foote</i>	Date <i>3/21/17</i>
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Signature of Officer/Authorized Representative
DANIEL FOOTE

FILED
 MAR 21 2017

BY 098754
 A.A. 12:36 p.m.