



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

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

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|--|------------------------------|--------------------|---------------------|
| 5. Principal Office Address 128 Summer St. 2nd fl. | City Central Falls | State RI | Zip 02863 |
|--|------------------------------|--------------------|---------------------|

| | | | | | |
|--|---------------------|---------------------|----------------|-------|-----|
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Rev. Cliff Tid | Vice-President Name | | | | |
| Street Address 143 Greenwood 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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Daniel Justice | | | Director Name Anna Maria | | |
| Street Address 128 Summer St. | | | Street Address 128 Summer - 188 Hammond St. | | |
| City Central Falls | State RI | Zip 02863 | City Pawtucket | State RI | Zip 02860 |
| Director Name Rita Gomes | | | Director Name | | |
| Street Address 100 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 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 Daniel Justice | Date 3/21/17 |
|--|------------------------|

Signature of Officer/Authorized Representative
DANIEL JUSTICE

FILED

MAR 21 2017

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