



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.

2016

|  |                    |  |                          |
|--|--------------------|--|--------------------------|
| 1. Entity ID Number<br><u>794376</u>   |                    | 2. Exact name of the Corporation<br><u>IGREJA EVANGELICA BRITANICA</u>                       |                          |
| 3. State of Incorporation<br><u>RI</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>church</u> |                          |
| 5. Principal Office Address<br><u>128 Summer St 2nd Fl</u>   |                    | City<br><u>Central Falls</u>   | State<br><u>RI</u>       |
|  |                    | Zip<br><u>02863</u>  |                          |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |                          |
| President Name<br><u>Rev. Cliff Tid</u>  |                    | Vice-President Name  |                          |
| Street Address<br><u>143 Glenwood Av.</u>  |                    | Street Address   |                          |
| City<br><u>Providence</u>  | State<br><u>RI</u> | City   | State                    |
| Zip<br><u>02860</u>  |                    |  |                          |
| Secretary Name   |                    | Treasurer Name   |                          |
| Street Address   |                    | Street Address   |                          |
| City   | State              | City   | State                    |
| Zip  |                    |  |                          |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |                          |
| Director Name<br><u>Janiel Duarte</u>  |                    | Director Name<br><u>Aron Marris</u>  |                          |
| Street Address<br><u>Central Falls</u>   |                    | Street Address<br><u>188 Harrison St 2nd Fl.</u>   |                          |
| City<br><u>Central Falls</u>   | State<br><u>RI</u> | City<br><u>Providence</u>  | State<br><u>RI</u>       |
| Zip<br><u>02863</u>  |                    | Zip<br><u>02860</u>  |                          |
| Director Name<br><u>Rita Barnes</u>  |                    | Director Name  |                          |
| Street Address<br><u>101 Summer St 2nd Fl.</u>   |                    | Street Address   |                          |
| City<br><u>Central Falls</u>   | State<br><u>RI</u> | City   | State                    |
| Zip<br><u>02863</u>  |                    |  |                          |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                    |  |                          |
| <b>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.</b>        |                    |  |                          |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                    |  |                          |
| Name of Officer/Authorized Representative<br><u>Janiel Duarte</u>  |                    |  | Date<br><u>3/21/2017</u> |
| Signature of Officer/Authorized Representative<br><u>JANIEL DUARTE</u>   |                    |  |                          |

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

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