



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

Annual Report for the year:
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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 BUS SVCS DIV

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|---|--------------------------|---|--------------------------|
| 1. Entity ID Number 00074814 | | 2. Exact name of the Corporation HAITIAN BAPTIST CHURCH OF RHODE ISLAND | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Religious organization | |
| 4. NAICS Code 813110 | | | |
| 6. Principal Office Address 12 LINCOLN AVENUE | | City CRANSTON | State RI Zip 02920 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name PASTOR MANUEL PERCY | | Vice-President Name DEACON LATEL DULCINE | |
| Street Address 237 DIVISION STREET | | Street Address 16 WATAMPA AVENUE | |
| City Pawtucket | State RI Zip 02860 | City North Providence | State RI Zip 02911 |
| Secretary Name MARGUERITE A. JOLICOEUR | | Treasurer Name JEAN W. ALTERA | |
| Street Address 8 MEADOW AVENUE | | Street Address 33 PAISCILLA AVENUE | |
| City North Providence | State RI Zip 02911 | City Providence | State RI Zip 02909 |
| 8. 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 GABRIEL POGNON | | Director Name Marie C. Balthazard | |
| Street Address 301 OHIO AVENUE | | Street Address 1069 Eddy Street | |
| City Providence | State RI Zip 02905 | City Providence | State RI Zip 02905 |
| Director Name Marc Paul Dulcine | | Director Name Maurice Joseph | |
| Street Address 205 HOME AVENUE | | Street Address 451 Woodward Rd | |
| City Providence | State RI Zip 02908 | City Providence | State RI Zip 02904 |
| 9. 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 MARGUERITE A. JOLICOEUR | | Date 7/12/2017 | |
| Signature of Officer/Authorized Representative Marguerite Jolicoeur | | FILED | |

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