



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

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CORPORATIONS DIV

2017 DEC 26 PM 1:46

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.

1. Entity ID Number <u>1149846</u>		2. Exact name of the Corporation <u>First Haitian Baptist Church</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious Society Associated with and a member of The American Baptist Churches of RI</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>1275 Elmwood Ave</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Jean Miguel V Louis</u>			Vice-President Name <u>Pierre Luc Coudet</u>		
Street Address <u>163 Fruit Hill Ave</u>			Street Address <u>75 Clemence St</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>Eveline Louis</u>			Treasurer Name <u>Guillaume Coudet</u>		
Street Address <u>163 Fruit Hill Ave</u>			Street Address <u>75 Clemence St</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
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 <u>Delance Jean</u>			Director Name <u>Pierre Luc Coudet</u>		
Street Address <u>159 Grove St #2</u>			Street Address <u>75 Clemence St</u>		
City <u>West Roxbury</u>	State <u>MA</u>	Zip <u>02132</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>Jean Miguel V Louis</u>			Director Name		
Street Address <u>163 Fruit Hill Ave</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02911</u>	City	State	Zip
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 <u>Jean Miguel Louis</u>					Date <u>12/26/2017</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

SIGN DOCUMENT HERE **FILED**

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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BY A.A. 1:47 PM

FORM 631 - Revised: 06/20