

RECEIVED STATE SECRETARY OF CORPORATIONS DIV
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 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 489017		2. Exact name of the Corporation Eben-Ezer Nazarene Church of RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To proclaim the gospel and teach the bible to all nations	
4. NAICS Code 813110			
6. Principal Office Address 266 Dexter Street, Pawtucket, RI 02860		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pastor Miche Desvalon		Vice-President Name Pastor EVERS Jean Baptiste	
Street Address 84 Finch Ave		Street Address 98 Sterling Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Claudine Simon		Treasurer Name Roosevelt Charles	
Street Address 237 Division Street		Street Address 94 Lake Street	
City Pawtucket	State RI	City Cranston	State RI
Zip 02860		Zip 02910	
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 Pastor Miche Desvalon		Director Name Pastor EVERS Jean Baptiste	
Street Address 84 Finch Ave		Street Address 98 Sterling Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Diane Jean Merlain		Director Name	
Street Address 52 Felix Street		Street Address	
City Providence	State RI	City	State
Zip 02860		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Claudine Simon			Date 6/18/18
Signature of Officer/Authorized Representative Claudine Simon			

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

JUN 18 2018
 BY **332891**