



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

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 SECRETARY OF STATE
 CORPORATIONS
 2018 JUL -2 PM 12:02

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 000130007		2. Exact name of the Corporation SEVENTH DAY ADVENTIST REFORM MOVEMENT, EASTERN U.S. FIELD			
3. State of Incorporation NEW JERSEY		5. Brief description of the character of business conducted in Rhode Island PROCLAIM THE GOSPEL OF OUR LORD JESUS CHRIST			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 1469 MAIN ST.		City LEOMINSTER	State MA	Zip 01453	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name OSCAR A. RODRIGUEZ		Vice-President Name			
Street Address 1465 MAIN ST.		Street Address			
City LEOMINSTER	State MA	Zip 01453	City	State	Zip
Secretary Name ANBUDOSS DEVAPIRIYAM		Treasurer Name CARMITA LEON			
Street Address 2027 LINCOLN AVE		Street Address 210 MT VERNON STREET,			
City EAST MEADOW	State NY	Zip 11554	City LAWRENCE	State MA	Zip 01843
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 OSCAR A. RODRIGUEZ		Director Name CARMITA LEON			
Street Address 1465 MAIN ST.		Street Address 210 MT VERNON STREET,			
City LEOMINSTER	State MA	Zip 01453	City LAWRENCE	State MA	Zip 01843
Director Name ANBUDOSS DEVAPIRIYAM		Director Name			
Street Address 2027 LINCOLN AVE		Street Address			
City EAST MEADOW	State NY	Zip 11554	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.					
<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 ANBUDOSS DEVAPIRIYAM / CURRENT SECRETARY				Date 06/27/2018	
Signature of Officer/Authorized Representative 				FILED JUL 02 2018	

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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