



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

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CORPORATIONS DIV
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|---|-----------------|--|--|--------------------|---------------------|
| 1. Entity ID Number 128712 | | 2. Exact name of the Corporation Elmwood Avenue Church of God, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Church | | | |
| 4. NAICS Code 813110 - Religious Organization | | | | | |
| 6. Principal Office Address 297 Elmwood Avenue | | City Providence | | State RI | Zip 02907 |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Pelegge Laurent | | | Vice-President Name N/A | | |
| Street Address 297 Elmwood Avenue | | | Street Address | | |
| City Providence | State RI | Zip 02907 | City | State | Zip |
| Secretary Name Marc Hiralien | | | Treasurer Name Rose Belony | | |
| Street Address 297 Elmwood Avenue | | | Street Address 297 Elmwood Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 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 Pelegge Laurent | | | Director Name Marc Hiralien | | |
| Street Address 297 Elmwood Avenue | | | Street Address 297 Elmwood Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| Director Name Polongne Charles | | | Director Name | | |
| Street Address 297 Elmwood Avenue | | | Street Address | | |
| City Providence | State RI | Zip 02907 | 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 Pelegge Laurent | | | | | Date |
| Signature of Officer/Authorized Representative Pelegge Laurent | | | | | |

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

JUL 27 2018
BY **335816**
A.H.