

(FORM MUST BE TYPED OR PRINTED IN BLACK)

File Date\_\_\_\_

Check No.

7-5-04

FOR SECRETARY OF STATE USE ONLY

G 504

Matthew A. Brown, Secretary of State Corporations Divis in 100 North Main Street, Providence, RI 02903-13 5 401.222.304

I. Corporate ID No. 128712	2. Name of Corporate ELMWOOD AVE	ion ENUE CHURCH OF	GOD, INC.		
3. State of Incorporation		in Rhode Island -Street	·	City	Zip
RHODE ISLAND	,297 ELMWOOD			PROVIDENCE	02907-
5. Foreign corporation: Enter pr	incipal office address	· <del></del>	City	State	Zip
6. Brief Description of the character	ter of the affairs which	are actually conducted	in Rhode Island		
7. NAMES AND ADDRESS President Name Pelegge Laurent	ES OF THE OFFIC	CERS ("X" BOX FOR	ATTACHMENT)  FILL IN SPA Vice President Name .N/A	CES BEFORE USING ATTA	CHMENTS
Sircei Address 297 Elmwood Avenue			Street Address		
City Providence	State RI	1 <i>Zip</i> . 02907	City .	State	Zip
Secretary Name Marc Hiralien	· · · ·		Treasurer Name Pologne Charles	· • • • • • • • • • • • • • • • • • • •	• • • • •
Street Address 297 Elmwood Avenue			Sircei Address .297 Elmwood Aven	ue	
City	State	Zip	City	State	iZip
Providence	·RI	02907	· Providence	'RI	Į02907
Director Name Pelegge Laurent Street Address 297 Elmwood Avenue City	: State	Zip	Director Name Marc Hiralien Street Address 297 Elmwood Aven	iue  State	Zip
Providence  Director Name  Pologne Charles	, RI	102907	Providence  Director Name	RI	02907
Street Address 297 Elmwood Avenue			·Street Address		
City	State	Zip	.City	State	Zip
Providence	RI	02907		;	
9. REGISTERED AGENT LI Agent Name	N RHODE ISLAND	DO NOT ALTER- C	hanges require filing of F	Form 641 -R.I.G.L.7-6-13	/ 7-6-78
Andrew M. Teitz, Esq.			İ		
Address			City	Zip	
2 Williams Street			Providence	02906	
This report must be signed	l in ink hy oither	the President Vice	President, Secretary, Assist	ant Secretary Treasure	r Receiver or Truste
1 2 8	3 7 1 2		Under penalty of perjuthis report, including a	ary, I declare and affirm that any accompanying schedule contained herein are true a	t I have examined and statements,
*128712 DNP 06/13/05	04:06:37 PM*		and manager statements		na voncor.

Signature'pf/Officer

Title of Officer

Print or Type Name of Officer President

PELEGGE LAURENT

Form 631 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

I. Corporate ID No.	R PRINTED IN BLA	poration						
128712	, ,	2. Name of Corporation  ELMWOOD AVENUE CHURCH OF GOD, INC.						
3. State of Incorporation		ddress in Rhode Island -Spree		T City		Zip		
RHODE ISLAND	29			Provi	dence	Zip 02907		
5. Foreign corporation: Ente		1 09411000000	City	State		Zip		
•			'					
6. Brief Description of the chi	aracter of the affairs	which are actually conducte	d in Rhode Island			<u>I</u>		
CHURCH								
7. NAMES AND ADDRE	ESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT) [ FILL IN	SPACES BEFORE US	ING ATTAC	HMENTS		
President Name			Vice President Name					
Pelegge Laurent			.N/A					
Street Address			Street Address					
297 Elmwood Aven	ue		•					
City	State	Zip	City	State		Zip		
Providence	RI	02907		. <b></b>		1		
ecretary Name			Treasurer Name Pologne Charl	0.0				
Jean Mondestil			<del></del>	- <del></del>				
Street Address			•	Street Address . 297 Elmwood Avenue				
	1119		.Z9/ EIMWOOG A	venue				
		I m				T-721		
City	State	2ip	City	State		Zip		
City Providence	State R I	02907	City • Providence	RI		02907		
297 Elmwood Aven City Providence 8. NAMES AND ADDRI	State RI ESSES OF THE D	02907 IRECTORS''("X" BOX F	City Providence ORATIACHMENT)   FILL	RI IN SPACES BEFORE I	USING ATTA	02907 CHMENTS		
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City Providence  8. NAMES AND ADDRI THE NUMBER OF Director Name	State RI ESSES OF THE D	02907 IRECTORS''("X" BOX F	City Providence ORATIACHMENT)   FILL LAND) CORPORATION SHAL Director Name	RI INSPACES BEFORE I IL NOT BE LESS THA	USING ATTA N THREE (3)	02907 CHMENTS		
City Providence  8. NAMES AND ADDRIVED THE NUMBER OF Director Name Pelegge Laurent	State RI ESSES OF THE D	02907 IRECTORS''("X" BOX F	City Providence ORATIACHMENT) FILL LAND) CORPORATION SHAL Director Name Jean Mondesti	RI INSPACES BEFORE I IL NOT BE LESS THA	USING ATTA N THREE (3)	02907 CHMENTS		
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Providence  8. NAMES AND ADDRE  1. THE NUMBER OF  Director Name  Pelegge Laurent  Street Address  297 Elmwood Aven  City  Providence  Director Name	State RI ESSES OF THE D F DIRECTORS OF A	02907 IRECTORS"C"X" BOX F A DOMESTIC (RHODE IS	City Providence  ORATIACHMENT) FILL  LAND) CORPORATION SHALL  Director Name Jean Mondesti  Street Address  297 Elmwood A  City Providence  Director Name	RI IN SPACES BEFORE I I NOT BE LESS THA  1 Avenue	USING ATTA N THREE (3)	02907  CHMENTS  .R.I.G.L 7-6-23  Zip		
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Providence  8. NAMES AND ADDRI  THE NUMBER OF  Director Name  Pelegge Laurent  Street Address  297 Elmwood Aven  City  Providence  Director Name  Pologne Charles  Street Address  297 Elmwood Aven	State RI ESSES OF THE D F DIRECTORS OF A	02907 IRECTORS''C'X" BOX F A DOMESTIC (RHODE IS  Zip 02907	City Providence  ORATTACHMENT)   FILL LAND) CORPORATION SHAL  Director Name Jean Mondesti  Street Address  297 Elmwood A  City Providence  Director Name  N/A	RI IN SPACES BEFORE I I NOT BE LESS THA  1 Avenue	USING ATTA N THREE (3)	02907  CHMENTS  .R.I.G.L 7-6-23  Zip		
City Providence  8. NAMES AND ADDRI THE NUMBER OF Director Name Pelegge Laurent Street Address 297 Elmwood Aven City	State RI ESSES OF THE D F. DIRECTORS OF A	02907 IRECTORS"C"X" BOX F A DOMESTIC (RHODE IS	City Providence  ORATTACHMENT)   FILL LAND) CORPORATION SHAL  Director Name Jean Mondesti Street Address 297 Elmwood A City Providence Director Name N/A Street Address	RI IN SPACES BEFORE I I NOT BE LESS THA  1 Avenue State RI	USING ATTA N THREE (3)	02907  CHMENTS  .R.I.G.L 7-6-23  Zip  02907		
Providence  8. NAMES AND ADDRE  8. NAMES AND ADDRE  1 THE NUMBER OF  2 Prector Name  Pelegge Laurent  Street Address  2 97 Elmwood Aven  City  Providence  Director Name  Pologne Charles  Street Address  2 97 Elmwood Aven  City  Providence	State RI ESSES OF THE D F DIRECTORS OF A  State RI RI State RI RI	02907   IRECTORS" ("X" BOX F   DOMESTIC (RHODE IS   DOMESTIC (RHODE IS   02907   02907	City Providence  ORATIACHMENT) FILL: LAND) CORPORATION SHALL  Director Name Jean Mondesti  Street Address  297 Elmwood A  City Providence Director Name N/A  Street Address  City  City	RI IN SPACES BEFORE I I NOT BE LESS THA  1 Avenue State RI  State	N THREE (3	02907   CHMENTS   .R. I.G.L 7-6-23   Zip   02907   Zip		
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Providence  8. NAMES AND ADDRE  1. THE NUMBER OF  Director Name  Pelegge Laurent  Street Address  297 Elmwood Aven  City  Providence  Director Name  Pologne Charles  Street Address  297 Elmwood Aven  City  Providence  Providence  Providence  Providence  Street Address  297 Elmwood Aven  City  Providence  9. REGISTERED AGEN  Igent Name  ANDREW M. TEITZ, 1	State RI ESSES OF THE D F DIRECTORS OF A  State RI RI T IN RHODE ISL	02907   IRECTORS" ("X" BOX F   DOMESTIC (RHODE IS   DOMESTIC (RHODE IS   02907   02907	City Providence  ORATTACHMENT) FILL  LAND) CORPORATION SHALL  Director Name Jean Mondesti  Street Address  297 Elmwood A  City Providence Director Name N/A Street Address  City  Changes require filing  Address  2 Williams Street	RI IN SPACES BEFORE I L NOT BE LESS THA  1 Avenue State RI State Of Form 641 -R.L.	M THREE (3)	02907   CHMENTS   D.R.I.G.L 7-6-23   Zip   02907   Zip		
Providence 8. NAMES AND ADDRIVE THE NUMBER OF Pelegge Laurent Forces Address 297 Elmwood Aven City Providence Director Name Pologne Charles Forces Address 297 Elmwood Aven City Providence Director Name Pologne Charles Forces Address 297 Elmwood Aven City Providence Director Name Pologne Charles Forces Address 297 Elmwood Aven City Providence D. REGISTERED AGEN Regent Name	State RI ESSES OF THE D F DIRECTORS OF A  State RI RI T IN RHODE ISL	02907   IRECTORS" ("X" BOX F   DOMESTIC (RHODE IS   DOMESTIC (RHODE IS   02907   02907	City Providence  ORATTACHMENT) FILL  LAND) CORPORATION SHAL  Director Name Jean Mondesti Street Address  297 Elmwood A  City Providence Director Name N/A Street Address  City City Changes require filing Address	RI IN SPACES BEFORE I L NOT BE LESS THA  1 Avenue State RI State Of Form 641 -R.L.	N THREE (3	02907   CHMENTS   D.R.I.G.L 7-6-23   Zip   02907   Zip		

\*128712 DNP 06/07/04 03:09:50 PM\*

File Date 7 7 0 4

Check No. 6217

By: Print or Type Name of Officer

For SECRETARY OF STATE USE ONLY

and that all statements contained herein are true and correct.

Signature of Officer

Pelegge Laurent

Print or Type Name of Officer

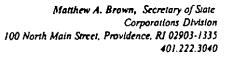
Form

Form

Form

Title of Officer

Form



## \* STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Filing Period: June 1 - June 30 Filing Fee: \$20.00

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation \*128712\* ELMWOOD AVENUE CHURCH OF GOD, INC. Zip 4. Corporate address in Rhode Island -Street Address Cin 3. State of Incorporation RHODE ISLAND State Zip City 5. Foreign corporation: Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS CX' BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name N/A Pelegge Laurent Street Address Street Address 297 Elmwood Avenue State Zip City City State Zip 02907 RI Providence Treasurer Name Secretary Name Pologne Charles Jean Mondestil Street Address Street Address 297 Elmwood Avenue 297 Elmwood Avenue Zip City State State Zip 02907 RI RI 02907 . Providence Providence 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS (" THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L. 7-6-23 Director Name Director Name Jean Mondestil Pelegge Laurent Street Address Street Address 297 Elmwood Avenue 297 Elmwood Avenue Ştate City City Zip State 02907 RI 02907 'Providence RI Providence Director Name Director Name N/A Pologne Charles Street Address Street Address 297 Elmwood Avenue City State Zio Cin RΙ 02907 Providence 9. REGISTERED AGENTIN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 641 (RLGL) 613/1.6-1814 **2 WILLIAMS STREET** ANDREW M. TEITZ, ESQ. Address **PROVIDENCE** 02903-This report must be signed in ink by either the By gide President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. \*\*128712\* 7/16/0310:41:54 AM\* File Date Check No. FOR SECRETARY OF STATE USE ONLY Form 631 Rev. 6/02