



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1315
401.222.3041

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128712	2. Name of Corporation ELMWOOD AVENUE CHURCH OF GOD, INC.		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island -Street Address 297 ELMWOOD AVENUE	City PROVIDENCE	Zip 02907-
5. Foreign corporation: Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHURCH			

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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 Pologne Charles		
Street Address 297 Elmwood Avenue			Street Address 297 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907

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 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 Pologne 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 -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13 / 7-6-78

Agent Name Andrew M. Teitz, Esq.	Address
Address 2 Williams Street	City Providence
	Zip 02906

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 7-5-05

Check No. 6504

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Pelegge Laurent 6/29/05
Signature of Officer Date
PELEGGE LAURENT
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
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Office of the Secretary of State

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

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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 Jean Mondestil		Treasurer Name Pologne Charles			
Street Address 297 Elmwood Avenue		Street Address 297 Elmwood Avenue			
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Street Address 297 Elmwood Avenue		Street Address 297 Elmwood Avenue			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Pologne Charles		Director Name N/A			
Street Address 297 Elmwood Avenue		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
Agent Name ANDREW M. TEITZ, ESQ.		Address 2 Williams Street			
Address		City Providence		Zip 02903	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 8 7 1 2

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.

Pelegge Laurent 6/11/04
Signature of Officer Date

Pelegge Laurent
Print or Type Name of Officer

President PELEGGE LAURENT
Title of Officer Form 631 Rev. 6/02

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File Date 7/7/04

Check No. 6217

By: DA

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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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City Providence	State RI	Zip 02907	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 641 (R.I.G.L. 7-6-13/7-6-78)					
Agent Name ANDREW M. TEITZ, ESQ.		Address 2 WILLIAMS STREET			
Address		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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C 2104A

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.

Signature of Officer
Date

Print or Type Name of Officer

Title of Officer

**128712* 7/16/03 10:41:54 AM*

File Date

Check No.

By:

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