



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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SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 10 AM 11:25

1. Entity ID Number 000027221		2. Exact name of the Corporation First Church of the Nazarene of Providence	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non Profit Organization Religious	
4. NAICS Code 813110			
6. Principal Office Address 170 Reservoir Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Doctor Phil La Fountain (Pastor Interim)		Vice-President Name —	
Street Address 170 Reservoir Avenue		Street Address	
City Providence	State RI	Zip 02907	
Secretary Name IRIS Lyles		Treasurer Name MARIA E. GONCALVES	
Street Address 170 Reservoir Avenue		Street Address 170 Reservoir Ave	
City Providence	State RI	Zip 02907	City Providence
			State RI
			Zip 02901
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Doctor Phil La Fountain		Director Name Karina Quintanilla NYI President	
Street Address 170 Reservoir Avenue		Street Address 170 Reservoir Avenue	
City Providence	State RI	Zip 02907	City Providence
			State RI
			Zip 02901
Director Name Dulce De Almeida - NMI President		Director Name	
Street Address 170 Reservoir 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative MARIA E. GONCALVES		Date 7/1/19	
Signature of Officer/Authorized Representative Maria E. Goncalves			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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