

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

Annual Report for the year:

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 JUN 20 PM 1:59

1. Entity ID Number <b>489017</b>	2. Exact name of the Corporation <b>Eben-Ezer Nazareen Church of RI</b>				
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>To Proclaim The Gospel and teach the Bible to all Nation</b>				
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>266 Dexter street</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>		
7. List ALL officers (names and addresses)					
President Name <b>Pastor Miche Desvalon</b>	Vice-President Name <b>Pastor Evans Jean-Baptiste</b>				
Street Address <b>84 Finch Ave</b>	Street Address <b>98 Sterling Street</b>				
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Claudine Simon</b>	Treasurer Name <b>Roosevelt Charles</b>				
Street Address <b>237 Division st</b>	Street Address <b>94 Lake street</b>				
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
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 <b>Pastor Miche Desvalon</b>	Director Name <b>Pastor Evans Jean-Baptiste</b>				
Street Address <b>84 Finch street</b>	Street Address <b>98 Sterling Street</b>				
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Jean Merlin (Recap)</b>	Director Name				
Street Address <b>52 Felix Street</b>	Street Address				
City <b>Providence</b>	State <b>RI</b>	Zip <b>02860</b>	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 <b>Claudine Simon</b>				Date <b>06-20-19</b>	
Signature of Officer/Authorized Representative <b>Claudine Simon</b>					

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