



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 JUN 24 PM 2:39

Annual Report for the year: **2019**

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.

1. Entity ID Number <b>000026854</b>		2. Exact name of the Corporation <b>Emmanuel Church of the Nazarene</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious services</b>			
4. NAICS Code <b>813110 - Religious Organ</b>					
6. Principal Office Address <b>470 Smithfield Ave</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Lynnette McCabe</b>		Vice-President Name <b>none</b>			
Street Address <b>68 West Street</b>		Street Address <b>none</b>			
City <b>Milford</b>	State <b>Ma</b>	Zip <b>01757</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Rhodora LaFountain</b>		Treasurer Name <b>Ruby Fretz</b>			
Street Address <b>10 Roadway B</b>		Street Address <b>12 Orford Street</b>			
City <b>Attleboro</b>	State <b>Ma</b>	Zip <b>02703</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</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>Edgar Fortin</b>		Director Name <b>Jame Holmes</b>			
Street Address <b>6 Cassisi Court</b>		Street Address <b>31 Hopkins Street</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>Philip N. LaFountain</b>		Director Name <b>none</b>			
Street Address <b>10 Roadway B</b>		Street Address <b>none</b>			
City <b>Attleboro</b>	State <b>Ma</b>	Zip <b>02703</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Ruby Fretz</b>				Date <b>June 24, 2019</b>	
Signature of Officer/Authorized Representative <i>Ruby Fretz</i>				SIGN DOCUMENT HERE <b>SILE</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street Providence, Rhode Island 02904-2615

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