



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

Annual Report for the year:

Non-Profit Corporation

2019

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SECRETARY OF STATE
CORP. DIVISION

2019 AUG -5 PH 2:25

→ 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 0000 27 221		2. Exact name of the Corporation First Church of the Natane of Providence	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non Profit Religious Organization	
4. NAICS Code 813110			
6. Principal Office Address 170 Reservoir Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Philip N LaFountain Pastor-Inkin		Vice-President Name _____	
Street Address 170 Reservoir Ave		Street Address	
City Providence	State RI	Zip 02907	
Secretary Name Iris Lyles		Treasurer Name	
Street Address 170 Reservoir Ave		Street Address	
City Providence	State RI	Zip 02907	
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 Philip N LaFountain		Director Name Karina Quintanilla - NMF	
Street Address 170 Reservoir Avenue		Street Address 170 Reservoir Avenue	
City Providence	State RI	Zip 02907	
Director Name Dulce De Almeida - NMF President		Director Name	
Street Address 170 Reservoir Avenue		Street Address	
City Providence	State RI	Zip 02907	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Philip N LaFountain		Date 8/1/19	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED AUG 05 2019	