



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

Annual Report for the year:
Non-Profit Corporation

2019

- 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

2019 AUG -5 PM 2:25

1. Entity ID Number 54365		2. Exact name of the Corporation Philadelphia Nazarene Church of	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit Religious Organization	
4. NAICS Code 624190			
6. Principal Office Address 507-Power Rd		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Manuel Sanca Gomes		Vice-President Name João Mendes	
Street Address 507 Power Rd		Street Address 45 Slater Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Luiza de Gima		Treasurer Name DAVID DE OLIVEIRA	
Street Address 21 Fruit Street		Street Address 194 Sisson Rd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Maria Helena Miranda		Director Name Maria Paula Sanca Gomes	
Street Address 30 Loraine Street		Street Address 507 Power Rd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Adelina Gomboc		Director Name Daniela Goncalves	
Street Address 507 Power RI		Street Address Church Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Manuel Sanca Gomes		Date 08-02-2019	
Signature of Officer/Authorized Representative Manuel Sanca Gomes			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 05 2019
BY **B7914**