



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

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BUS SVCS DIV

2019 SEP -5 P 1:19

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 128712		2. Exact name of the Corporation Elmwood Avenue Church of God, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 297 Elmwood 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 Pelegge Laurent			Vice-President Name N/A		
Street Address 297 Elmwood Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Marc Hiralien			Treasurer Name Rose Belony		
Street Address 297 Elmwood Avenue			Street Address 297 Elmwood Avenue		
City Providence	State RI	Zip 02907	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 Pelegge Laurent			Director Name Marc Hiralien		
Street Address 297 Elmwood Avenue			Street Address 297 Elmwood Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02907
Director Name Polongne Charles			Director Name		
Street Address 297 Elmwood 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 Pelegge Laurent					Date 8-4-19
Signature of Officer/Authorized Representative Pelegge Laurent					SIGN DOCUMENT HERE

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

SEP 05 2019

BY **AK XQBF**

FORM 631 - Revised: 11/2017