



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St.  
Providence, RI 02904-26  
401-222-31

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporation ID No. <b>154238</b>		2. Name of Corporation <b>HAITIAN COMMUNITY BAPTIST CHURCH OF RHODE ISLAND</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island (Street Address) <b>1275 ELMWOOD AVE.</b>		City <b>CRANSTON</b>	Zip <b>02907</b>
5. Foreign corporation (If so, principal office address) <b>148-1275-170 CANTON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>RELIGIOUS ACTIVITIES. 831110</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>BROTHER BRUNY FEURY PASTOR</b>			Vice President Name		
Name <b>MERILONNE MATHURIN OSNER FEURY JR</b>			Street Address		
Street Address <b>1275 ELMWOOD AVE. CRANSTON, RI 02907</b>			City	State	Zip
Secretary Name <b>LOURDIE LEON, ANNIE ROMAIN</b>			Treasurer Name <b>JEAN W. ALTERA, ASAKUT, JOHN W. LEONS</b>		
Street Address <b>255 WALDO STREET</b>			Street Address <b>33 PRISCILLA AVE.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>BRUNY FEURY, LATEL DULCINE</b>			Director Name <b>POGNON GABRIEL, JOACHIN LEON</b>		
Street Address <b>16 WATAUGA AVE.</b>			Street Address <b>301 OHIO AVE.</b>		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>JEAN CARL CHATELAIN, SEATY ROMAIN</b>			Director Name <b>YVROSE CADET, HOMERE DORSAINVILLE</b>		
Street Address <b>12 LINCOLN AVE.</b>			Street Address <b>18 BERLIN STREET</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Charges require filing of Form 611 - R.I.G.L. 7-6-13/7-6-17.					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

**JUN 18 2020**

BY **PGTYH**

**A.A.**

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.

Signature of Officer

**BROTHER BRUNY FEURY**  
PRESIDENT, DIRECTOR, ADMIN. TREAS.

Title of Officer

FOR SECRETARY OF STATE USE ONLY

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

B. \_\_\_\_\_



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3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>1275 ELMWOOD AVE</b>		City <b>CRANSTON</b>	Zip <b>02907</b>
5. Foreign corporation. Enter principal office address <b>148-1270-1275-170 CANTON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>RELIGIOUS ACTIVITIES.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>BROTHER BRUNY FEURY, PASTOR</b>			Vice President Name		
Secretary Name <b>MERILONNE MATHURIN OSNER FEURY JR</b>			Street Address		
City <b>1275 ELMWOOD AVE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>BERNICE LAURENCEAU BEATRICE DE LIAS</b>			Treasurer Name <b>MARC JEAN BAPTISTE, EMMANUEL DEROSIERS</b>		
Street Address <b>148-1788-857-259 HAZELTON STREET</b>			Street Address <b>148-1788-857 EDDY STREET</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>JEAN GERARD RHAU, JEAN K. AUGUSTE</b>			Director Name <b>CARLO PRESENDIEU, MARC PAUL DULCINE</b>		
Street Address <b>384 UNION AVE.</b>			Street Address <b>148-857-1788-546 BUDLONG ROAD</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>MANUEL PERCY, DELINSE JEAN</b>			Director Name <b>JEAN MARIE LAURENCEAU, ROSEMONT DUMAS</b>		
Street Address <b>148-122-546-237 DIVISION ST.</b>			Street Address <b>148-1788-857-330 PARK AVE.</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
9. REGISTERED AGENT IN RHODE ISLAND			Changes require filing of Form 6-11 - R.I.G.L. 7-6-1377-78		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
B. \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer   
Date \_\_\_\_\_  
**BROTHER BRUNY FEURY**  
Print or Type Name of Officer  
**PRESIDENT, DIRECTOR, ADMN. TREASURE**  
Title of Officer



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1. Corporation ID No. <b>154238</b>		2. Name of Corporation <b>HAITIAN COMMUNITY BAPTIST CHURCH OF RHODE ISLAND</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island <b>1275 ELMWOOD AVE.</b>		City <b>CRANSTON</b>	Zip <b>02907</b>
5. Foreign corporation, full principal office address <b>148-1275-170 CANTON STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>BROTHER BRUNY FEURY PASTOR</b>			Vice President Name		
Street Address <b>MERILONNE MATHURIN OSNER FEURY JR.</b>			Street Address		
State <b>RI</b>	Zip <b>02907</b>	City <b>CRANSTON</b>	State	Zip	
Secretary Name <b>RIGAUD FLEURIMA, MARGUERITE JOLICOEUR</b>			Treasurer Name <b>BRUNY FEURY, SEANTY ROMAIN, PELEGGEE</b>		
Street Address <b>8 MEADOW AVE.</b>			Street Address <b>148-1788 BROAD STREET</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
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Director Name <b>JEANTREFIELD PARISIEN, VALERY NOEL</b>			Director Name <b>KAR JUNIOR, JENKINS, CAROLINA + RAMOS</b>		
Street Address <b>148-1788-546 BUDLONG ROAD</b>			Street Address <b>148-20-12-153-770-131 ELMWOOD AVE.</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>REINALDO GUERRA, ENOY GUILLAUME</b>			Director Name <b>AGUYFRANTZCEL, ORESTENATERA</b>		
Street Address <b>148-786-280 KINSLEY AVE.</b>			Street Address <b>148-131-857-7 MINIGRET AVE.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State			Changes require filing of Form 641 - R.I.G.L. 7-6-137-6-78		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer  
**Bruny Feury**  
Date  
**Bruny Feury**  
Print or Type Name of Officer  
**PRESIDENT, DIRECTOR, ADMN. TREASURE**  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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Secretary Name <b>MERILONNE MATHURIN OSVER FEURY JR.</b>		Street Address			
Street Address <b>1275 ELMWOOD AVE.</b>		City <b>CRANSTON, RI</b>	State	Zip	
Secretary Name <b>MARIE A. LAUTURE, GUIRENE LOUIS, SIMON</b>		Treasurer Name <b>ROOSEVELT CHARLES, DAVID METELLUS</b>			
Street Address <b>148-6-24-44-297 ELMWOOD AVE.</b>		Street Address <b>148-266-242; 372 WAYLAND AVE.</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
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Director Name <b>NORILLES ST. LOUIS, LEMECK LOUIS, DESVALON</b>		Director Name <b>MICHE ANTONIO AQUINO, LEO SONTI, CHARLES BERKEY</b>			
Street Address <b>148-330-24-297-44 WARREN STREET</b>		Street Address <b>148-786-280-870 WESTMINSTER STREET</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>SAMUEL FRANCISCO, ELIZEU LIMA</b>		Director Name <b>ELIEZER LAGUERRE, AGGEE VETIAQUE, WESLEY</b>			
Street Address <b>148-870-202 POWER ROAD</b>		Street Address <b>148-530-83-870-202 194 BARTON 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>
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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**BROTHER BRUNY FEURY**

Print or Type Name of Officer  
**PRESIDENT-ADMIN. DIRECTOR-TREASURER**  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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