



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 Water Street  
Providence, RI 02904-3675  
401-222-3646

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

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. Corporate ID No <b>155092</b>		2. Name of Corporation <b>TABERNAcle HOLY temple of OLIViers</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>343 MAGNOLIA ST</b>	
5. Foreign corporation. Enter principal office address <b>NAICS 813110</b>		City <b>CRINSTON</b>	Zip <b>02910</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>STUDY AND SUNDAYSCHOOL AND ALL charitable ORGANIZATIOn Duties of ministers of GOSPEL</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>EUSEBE JOSEPH PAMPHILE</b>		Vice President Name <b>AMOCE PAMPHILE</b>	
Street Address <b>33 MOOREFIELD ST APT 2</b>		Street Address <b>343 MAGNOLIA ST</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>CRINSTON</b>	Zip <b>02910</b>
Secretary Name <b>MAGDALA PAMPHILE</b>		Treasurer Name <b>JASMINE LEO</b>	
Street Address <b>33 MOOREFIELD ST APT 2</b>		Street Address <b>534 PARK AVENUE</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>CRINSTON</b>	Zip <b>02910</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input 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>ELYSEE PAMPHILE</b>		Director Name <b>MAGDALA PAMPHILE</b>	
Street Address <b>54 HOME AVE</b>		Street Address <b>33 MOOREFIELD ST</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</b>	Zip <b>02909</b>
Director Name <b>PATRICK AUGUSTE</b>		Director Name <b>ELYSEE PAMPHILE</b>	
Street Address <b>PATRICKINGTON AVE</b>		Street Address <b>54 HOME AVE</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</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 Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

**FILED**

MAR 15 2021

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2:40

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.

**EUSEBE JOSEPH PAMPHILE**  
Signature of Officer Date

**EUSEBE JOSEPH PAMPHILE**  
Print or Type Name of Officer

Title of Officer  
*[Signature]*  
Form 631 Rev. 09/17