



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
 JUN 22 2021  
 BY 127 DS

**Annual Report for the year: 2021**  
**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 <b>001671856</b>		2. Exact name of the Corporation <b>Nomadic Ministries</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <b>MOBILE FOR THE PURPOSE OF DOING CONFRENCES SEMINARS AND WORSHIP SERVICES</b>			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 22 Lane B			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. Yvonne E. Pascua</b>			Vice-President Name <b>Janet Y. Arcand</b>		
Street Address <b>22 Lane B</b>			Street Address <b>22 Lane B</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Charlotte Danielson</b>			Treasurer Name <b>Rev. Yvonne E. Pascua</b>		
Street Address <b>62 Roberts Street, Apt. 618</b>			Street Address <b>22 Lane B</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rev. Yvonne E. Pascua</b>			Director Name <b>Joseph J. Migneault</b>		
Street Address <b>22 Lane B</b>			Street Address <b>1346 Newport Ave. Unit 94</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>South Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Director Name <b>Janet Y. Arcand</b>			Director Name		
Street Address <b>22 Lane B</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Charlotte Danielson, Secretary</b>				Date <b>6-16-21</b>	
Signature of Officer/Authorized Representative <i>Charlotte Danielson</i>					

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