RI SOS Filing Number: 202198851280 Date: 6/29/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Corporation
00028835	CHRISTIAN BRETHREN OF PAWTUCKET
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: WE ARE A CHURCH FUNCTIONING FULLY FOR THE SPIRITUAL BENEFIT OF THE COMMUNITY
4. NAICS Code: 813110 - Religious Organizations	

6. Principal Office Address	City	State	Zip
400 LONSDALE AVENUE	PAWTUCKET	R.I.	02860-1818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CARLOS E. CERQUEIRA			Vice-President Name: DAVID CERQUEIRA		
Street Address: 101 BURNSIDE STREET			Street Address: 101 BURNSIDE STREET		
City: CRNSTON	State: R.I.	Zip: 02910	City: CRANSTON	State: R.I.	Zip: 02910
Secretary Name: PEDRO CERQUEIRA			Treasurer Name: CARLOS CERQUEIRA		
Street Address: 101 BURNSIDE STREET			Street Address: 101 BURNSIDE STREET		
City: CRANSTON	State: R.I.	Zip: 02910	City: CRANSTON	State: R.I.	Zip: 02910

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: STEVE LABAO			Director Name: JOAO CARNEIRO		
Street Address: 88 WEST EARLE STREET			Street Address: 19 ERIN LANE		
City: CUMBERLAND	State: R.I.	Zip: 02864	City: HYANNIS	State: MA	Zip: 02601
Director Name: RAFAEL NOBREGA			Director Name: JAIME SOUSA		
Street Address: 360 EAST MAIN STREET			Street Address: 118 BALCH STREET		
City: WALLINGTON	State: CT	Zip: 06492	City: PAWTUCKET	State: R.I.	Zip: 02861

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
CARLOS E. CERQUEIRA	JUNE 28, 2021

Signature of Officer/Authorized Representative: Carlos E. Cerqueira

FILED
JUN 29 2021
BY CM SX YOZ
1:55

MAIL TO:
Division of Business Services
148 W. River Street. Providence. Rhode Island 02904-2615