



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.

FILED

JUL 02 2021

BY

116 OS

1. Entity ID Number 31804		2. Exact name of the Corporation BETHANY CHURCH OF THE NAZARENE OF RUMFORD	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 1275 PAWTUCKET AVE		City RUMFORD	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name JIM CORRENTE		Treasurer Name FERNANDO DE PINA	
Street Address 96 WASH BURN AVE		Street Address 145 ROUNDS AVE	
City RUMFORD	State RI	City PROVIDENCE	State RI
Zip 02916		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 LUCILINA S SILVA		Director Name EUGENIA GOMES	
Street Address 83 BENJAMIN ST		Street Address 36 HARRISON AVE	
City PAWTUCKET	State RI	City WARWICK	State RI
Zip 02860		Zip 02971	
Director Name LOTTY FERREIRA		Director Name	
Street Address 232 DON AVE		Street Address	
City RUMFORD	State RI	City	State
Zip 02916		Zip	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative FERNANDO DE PINA			Date 6-28-21
Signature of Officer/Authorized Representative <i>Fernando de Pina</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