



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

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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 ☐											
President Name				Vice-President Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Secretary Name JIM CORRENTE				Treasurer Name FERNANDO DE PINA							
Street Address 96 WASH BURN AVE				Street Address 145 ROADS AVE							
City RUMFORD		State RI		Zip 02916		City PROVIDENCE		State RI		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐											
Director Name LUCILINA S SILVA				Director Name EUGENIA GOMES							
Street Address 83 BENJAMIN ST				Street Address 36 HARRISON AVE							
City PAWTUCKET		State RI		Zip 02860		City WARWICK		State RI		Zip 02971	
Director Name LOTTY FERREIRA				Director Name							
Street Address 232 DON AVE				Street Address							
City RUMFORD		State RI		Zip 02916		City		State		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.											
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 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