

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

A. Ralph Mollie, Secretary of State  
100 Westminster Building  
150 N. Main Street  
Providence, Rhode Island 02903  
401.222.2247

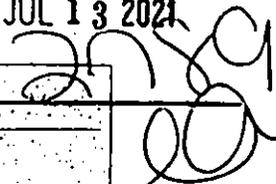
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2021**  
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00

1. Corporate Number <b>097752</b>		2. Name of Corporation <b>HAITIAN AMERICAN EVANGELICAL FOUNDATION OF RI</b>	
3. State of Incorporation <b>RI</b>		4. Corporate Office in Rhode Island Street Address <b>297 ELMWOOD AVE.</b>	
5. Foreign Corporation Enter principal office address <b>214 HOME AVE.</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
6. Brief Description of the Character of the Affairs which are actually conducted in Rhode Island <b>RELIGIOUS ACTIVITIES-CHURCH. 831110</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
7. NAMES AND ADDRESSES OF THE OFFICERS: (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>BRUNY FEURY</b>		Vice President Name <b>JOHN AMARAL</b>	
Street Address <b>297 ELMWOOD AVE.</b>		Street Address <b>1494 FALL RIVER AVE. RT 6</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>SEEKONK</b>	State <b>MA</b>
Zip <b>02907</b>		Zip <b>02771</b>	
Secretary Name <b>ROSE BELONY</b>		Treasurer Name <b>POLOGNE CHARLES, PELEGE LAURENT</b>	
Street Address <b>297 ELMWOOD AVE.</b>		Street Address <b>297 ELMWOOD AVE.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</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>JEAN GERARD RHAU</b>		Director Name <b>EROLD, EVENS, MICHE DESVALON</b>	
Street Address <b>50 LUPINE STREET</b>		Street Address <b>546 USA, 297 ELMWOOD AVE.</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02907</b>	
Director Name <b>LEMECK LOUIS</b>		Director Name <b>WESLEY WAGNAC, HARRY RHAU</b>	
Street Address <b>546 BUDLONG ROAD</b>		Street Address <b>408 ZEAZIE STREET</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02904</b>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 611 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>BROTHER BRUNY FEURY</b>		Address	
Address <b>214 HOME AVE.</b>		City <b>PROVIDENCE</b>	Zip <b>02908</b>

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

**FILED**

JUL 13 2021

BY 

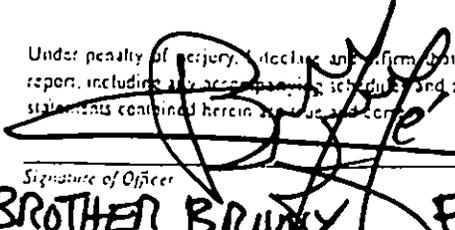
File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including the accompanying schedule and statements, and that all statements contained herein are true and correct.

 6/12/21

Signature of Officer  
**BROTHER BRUNY FEURY**  
President-Director-Owner-  
Chairman HCCMCN of RI  
HAEF of RI