RI SOS Filing Number: 202199816990 Date: 7/30/2021 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 30 P 3:26

1. Entity ID Number	2. Exact name of the Corporation
128712	Elmwood Avenue Church of God, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: 813110 - Religious Organizations	

6. Principal Office Address	City	State	Zip
297 Elmwood Avenue	Providence	RI	02907

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

President Name: Pelegge Laurent			Vice-President Name: N/A		
Street Address: 297 Elmwood Avenue			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:
Secretary Name: Marc Hiralien			Treasurer Name: Rose Belony		
Street Address: 297 Elmwood Avenue			Street Address: 297 Elmwood Avenue		
City: Providence	State: RI	Zip: 02907	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: Pelegge Laurent			Director Name: Marc Hiralien		
Street Address: 297 Elmwood Avenue			Street Address: 297 Elmwood Avenue		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Director Name: Polongne Charles			Director Name:		
Street Address: 297 Elmwood Avenue			Street Address:		
City: Providence	State: RI	Zip: 02907	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: Pelegge Laurent — Date: 7-26-21

Signature of Officer/Authorized Representative: Pelegge Laurent

FILED
JUL 30 2021
BY

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

FORM 631 - Revised: 08/2020