

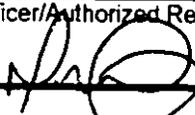
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 NOV 21 A 9:51

1. Entity ID Number 001695740		2. Exact name of the Corporation Assembly of God Ministry Gethessemane			
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 7 Central street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name LEONIR HUGUINIIM DA SILVA		Vice-President Name FABRÍCIO P. FERNANDES			
Street Address 36 SWAN DR.		Street Address 123 NIAGARA ST APT # A			
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN	State RI	Zip 02842
Secretary Name CLAUDIO JACOB C. SANTOS		Treasurer Name MARCELO CARDOSO REIS			
Street Address 195 ADMIRAL KALBEUS RD 20A		Street Address 466 GLEN MEADE DR			
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
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 LUCIO JUNIO COELHO		Director Name MARCELO CARDOSO REIS			
Street Address 1236 NIAGARA ST		Street Address 466 GLEN MEADE DR			
City MIDDLETOWN	State RI	Zip 02842	City PORTSMOUTH	State RI	Zip 02871
Director Name CLAUDIO JACOB C. SANTOS		Director Name			
Street Address 195 ADMIRAL KALBEUS RD 20A		Street Address			
City NEWPORT	State RI	Zip 02840	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative FABRÍCIO FERNANDES				Date 11.21-2022	
Signature of Officer/Authorized Representative 				FILED 43	

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