



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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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BUS SVCS DIV

2022 NOV 28 A 11:57

1. Entity ID Number <u>000489017</u>		2. Exact name of the Corporation <u>EBENEZER NAZARENE Church of RI</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preaching THE Gospel of Jesus-Christ and Helping people who in needs AS WE CAN</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>266 Dexter street</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Pastor MICHE DESVALON</u>		Vice-President Name <u>JEAN MERLAIN</u>	
Street Address <u>84 Finch Ave</u>		Street Address <u>52 Felix St.</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02909</u>	
Secretary Name <u>Raymond Bergiste</u>		Treasurer Name <u>Rosevelt Charles</u>	
Street Address <u>MENDON RD</u>		Street Address <u>94 LAKE ST.</u>	
City <u>WINDSOR LOCKS</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02909</u>	
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 <u>DEACON: Corneil GERMAIN</u>		Director Name <u>YVONNE BONHOMME</u>	
Street Address <u>Garden St</u>		Street Address <u>161 WEST AVE</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Director Name <u>FRANCIS CASSEUS</u>		Director Name	
Street Address <u>20 Prince St.</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		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 <u>B. MICHE DESVALON</u>		FILED 1159	Date <u>11/23/22</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>		NOV 28 2022 BY <u>MS 354</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov