



State of Rhode Island
Department of State - Business Services Division

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 DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2023 FEB 14 A 11:06

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.

1. Entity ID Number 000841089		2. Exact name of the Corporation Saving Grace Worship Center			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island religious organization for worship in Christian faith			
4. NAICS Code 813110					
6. Principal Office Address 1 Volturmo Street			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Flortano Pereira			Vice-President Name Joshua Luis Pereira		
Street Address 1 Volturmo Street			Street Address 1 Volturmo Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Michele M. Percival			Treasurer Name Nancy Ellen Pereira		
Street Address 1 Volturmo Street			Street Address 1 Volturmo Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Flortano E. Pereira			Director Name Joshua Luis Pereira		
Street Address 1 Volturmo Street			Street Address 1 Volturmo Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Michele M. Percival			Director Name Jeffrey Percival		
Street Address 1 Volturmo Street			Street Address 1 Volturmo Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.					
<i>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>					
<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 Joshua Luis Pereira					Date 01/31/2023
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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