



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

FEB 23 2023

2301

→ 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 000028104		2. Exact name of the Corporation IGreja Evangelica Pentecostal Assembleia de Deus	
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 177 BROOK ST		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joaquim A. Goncalves		Vice-President Name Joaquim D. Couto	
Street Address 32 PECK ST.		Street Address 177 BROOK ST	
City SEEKONK	State MA	City Providence	State RI
Zip 02771		Zip 02905	
Secretary Name CARLA COSTA		Treasurer Name Domingas MORREIRA	
Street Address 20 Tarawa Dr.		Street Address 84 MILTON ST	
City WARWICK	State RI	City SEEKONK	State MA
Zip 02886		Zip 02771	
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 Joaquim A. Goncalves		Director Name ZULMIRA Cunha	
Street Address 32 PECK ST.		Street Address 74 TENNYSON RD.	
City SEEKONK	State MA	City WARWICK	State RI
Zip 02771		Zip 02888	
Director Name ELISA COUTO		Director Name	
Street Address 177 BROOK ST.		Street Address	
City Providence	State RI	City	State
Zip 02905		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 Secretary- Carla Costa			Date FEB-18-2023
Signature of Officer/Authorized Representative Carla Costa			

MAIL TO:

Division of Business Services

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