



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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 DIVISION

2023 MAY 31 P 2:56

1. Entity ID Number 001698915		2. Exact name of the Corporation Power of Grace for the Nations, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious org, non profit	
4. NAICS Code 813110			
6. Principal Office Address 100 Broadway		City pawtucket	State RI
			Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carlos Eduardo Maratao		Vice-President Name Laerte B. Vieira	
Street Address 112 N. Bend St		Street Address 43 Water St	
City Pawtucket	State RI	City Attleboro	State MA
Zip 02860		Zip 02703	
Secretary Name Daniela Aguiar		Treasurer Name	
Street Address 112 N. Bend St		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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 Carlos Eduardo Maratao - President		Director Name Laerte B. Vieira - Vice President	
Street Address 112 N. Bend St		Street Address 43 Water St	
City Pawtucket	State RI	City Attleboro	State MA
Zip 02860		Zip 02703	
Director Name Daniela Aguiar		Director Name Andrea Vieira	
Street Address 112 N. Bend St		Street Address 43 Water St	
City Pawtucket	State RI	City Attleboro	State MA
Zip 02703		Zip 02703	
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 Andrea Vieira		FILED	Date 5-31-2023
Signature of Officer/Authorized Representative <i>Andrea Vieira</i>		MAY 31 2023 2:54	

MAIL TO:

Division of Business Services

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