



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023 Amended

→ 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.

2023 JUN -5 A 8:57

1. Entity ID Number 000028104		2. Exact name of the Corporation TIREJA EVANGELICA PENTECOSTAL ASSEMBLEIA DE DEUS	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code NORTH AMERICAN INDUSTRY 81310 RELIGIOUS ORGANIZATIONS			
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., SEEKONK		Street Address 177 BROOK ST., PROVIDENCE	
City SEEKONK	State MA	City PROVIDENCE	State RI
Zip 02771		Zip 02905	
Secretary Name CARLA COSTA		Treasurer Name ZULMIRA OLIVEIRA	
Street Address 20 TAWARA DR.		Street Address 74 TENNYSON RD	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
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 ELISA COUTO		Director Name ZULMIRA OLIVEIRA	
Street Address 177 BROOK ST.		Street Address 74 TENNYSON RD.	
City PROVIDENCE	State RI	City WARWICK	State RI
Zip 02905		Zip 02888	
Director Name JOAQUIM A. GONCALVES		Director Name	
Street Address 32 PECK ST.		Street Address	
City SEEKONK	State MA	City	State
Zip 02771		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 JOAQUIM A. GONCALVES, PRESIDENT			Date 6/5/23
Signature of Officer/Authorized Representative <i>João A. Gonçalves</i>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 05 2023
BY *ML*



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 05, 2023 08:57 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

