



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023 Amended

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2023 JUN -5 A 8:57

- 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 TUREJA EVANGELICA PENTECOSTAL ASSEMBLEIA DE BELLS			
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). RI Corporations MUST list at least THREE directors. 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	Zip 02771	City PROVIDENCE	State RI	Zip 02905
Secretary Name CARLA COSTA			Treasurer Name ZULMIRA OLIVEIRA		
Street Address 20 TAWARA DR.			Street Address 74 TENNYSON RD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	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	Zip 02905	City WARWICK	State RI	Zip 02888
Director Name JOAQUIM A GONCALVES			Director Name		
Street Address 32 PECK ST.			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	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.					
<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 JOAQUIM A GONCALVES, PRESIDENT					Date 6/5/23
Signature of Officer/Authorized Representative 					

FILED

JUN 05 2023

BY ML

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov