



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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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1. Entity ID Number <u>000159493</u>		2. Exact name of the Corporation <u>Centre Evangelique du Nazareen</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To hold religious services, including church Sunday school, Bible study, wedding, revivals etc. Title 7-6</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>285 Smith St</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jean Hilaire</u>		Vice-President Name	
Street Address <u>194 Fairmount Ave</u>		Street Address	
City <u>Hyde Park</u>	State <u>MA</u>	City	State
Zip <u>02136</u>		Zip	
Secretary Name <u>Francoise Despeignes</u>		Treasurer Name <u>Jean Wilfrid Nazaire</u>	
Street Address <u>176 Friendship St</u>		Street Address <u>24 Pomona Ave</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02908</u>	
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 <u>Denise Ferry</u>		Director Name <u>Jean S. Pierre</u>	
Street Address <u>224 Oxford St</u>		Street Address <u>70 Mineral St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02909</u>	
Director Name <u>Jean Hilaire</u>		Director Name	
Street Address <u>194 Fairmount Ave</u>		Street Address	
City <u>Hyde Park</u>	State <u>MA</u>	City	State
Zip <u>02136</u>		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 <u>JEAN HILAIRE</u>			Date <u>2/1/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

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FORM 631- Revised 04/2023