



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.

FILED
FEB 08 2024
[Signature]

1. Entity ID Number 141734	2. Exact name of the Corporation HAITIAN MISSIONARY BAPTIST CHURCH OF RI
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island MARRIAGE, WORSHIP, BIBLE STUDY, PRAYER MEETING, RELIGIOUS ACTIVITIES
4. NAICS Code 813110	

6. Principal Office Address 12 LINCOLN AVE.	City CRANSTON	State RI	Zip 02920
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7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name BROTHER BRUNY FEURY	Vice-President Name BROTHER CHRISTOPHER FEURY		
Street Address 12-33 LINCOLN AVE.	Street Address 12-33 LINCOLN AVE.		
City CRANSTON	State RI	Zip 02920	City CRANSTON
Secretary Name NICOLLE FEURY	Treasurer Name LOURD HARRY P. FEURY		
Street Address 12-33 LINCOLN AVE.	Street Address 12-33 LINCOLN AVE.		
City CRANSTON	State RI	Zip 02920	City CRANSTON

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 BRUNY FEURY	Director Name EUGENIO BATZ, LEON CAYO		
Street Address 12-33 LINCOLN AVE.	Street Address 12-33 LINCOLN AVE.		
City CRANSTON	State RI	Zip 02920	City CRANSTON
Director Name LEMECK LOUIS	Director Name NEHEMIAH G BABA		
Street Address 546 BUDLONG ROAD	Street Address 12-33 LINCOLN AVE.		
City CRANSTON	State RI	Zip 02920	City CRANSTON

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 BROTHER BRUNY FEURY	Date 2/5/24
Signature of Officer/Authorized Representative <i>[Signature]</i>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov