



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 08 2024

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.

1. Entity ID Number <b>154238</b>		2. Exact name of the Corporation <b>HAITIAN COMMUNITY BAPTIST CHURCH OF RI</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <b>813110</b>		<b>RELIGIOUS ACTIVITIES</b>	
6. Principal Office Address <b>1275 ELMWOOD AVE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>BROTHER BRUNY FEURY</b>		Vice-President Name <b>BROTHER CHRISTOPHER FEURY</b>	
Street Address <b>1275 ELMWOOD AVE.</b>		Street Address <b>1275 ELMWOOD AVE.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Secretary Name <b>MARIE CARMELLE MASSEAU</b>		Treasurer Name <b>GHISLAINE CADET</b>	
Street Address <b>1275 ELMWOOD AVE.</b>		Street Address <b>1275 ELMWOOD AVE.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>BRUNY FEURY, NICOLLE F</b>		Director Name <b>LEMECK LOUIS, EROLD JEAN-BAPTISTE</b>	
Street Address <b>1275 ELMWOOD AVE.</b>		Street Address <b>1275 ELMWOOD AVE.</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>JOSEPH PIERRE-LOUIS</b>		Director Name <b>MARCOS ALONZO CASTRO</b>	
Street Address <b>15 VALLEY STREET</b>		Street Address <b>121 WALDO STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02907</b>	
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 <b>BROTHER BRUNY FEURY</b>			Date <b>2/05/24</b>
Signature of Officer/Authorized Representative 			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2616

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Website: www.sos.ri.gov