State of Rhode Island
Department of State - Business Services Division

FILED
FEB 08 2024
BY: FOR SECRETARY

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	2. Exact name of the Corporation
154238	HAITIAN COMMUNITY BAPTIST CHURCH OF RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 813110	RELIGIOUS ACTIVITIES

6. Principal Office Address	City	State	Zip
1275 ELMWOOD AVE	CRANSTON	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BROTHER BRUNY FEURY	BROTHER CHRISTOPHER FEURY
Street Address: 1275 ELMWOOD AVE.	Street Address: 1275 ELMWOOD AVE.
City: CRANSTON State: RI Zip: 02907	City: CRANSTON State: RI Zip: 02907
Secretary Name	**Treasurer Name**
MARIE CARMELLE MASSEAU	GHISLAINE CADET
Street Address: 1275 ELMWOOD AVE.	Street Address: 1275 ELMWOOD AVE.
City: CRANSTON State: RI Zip: 02907	City: CRANSTON State: RI Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
BRUNY FEURY, NICOLLE F	LEMECK LOUIS, EROLD JEAN-BAPTE
Street Address: 1275 ELMWOOD AVE.	Street Address: 1275 ELMWOOD AVE.
City: CRANSTON State: RI Zip: 02907	City: CRANSTON State: RI Zip: 02907
Director Name	**Director Name**
JOSEPH PIERRE-LOUIS	MARCOS ALONZO CASTRO
Street Address: 15 VALLEY STREET	Street Address: 121 WALDO STREET
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: RI Zip: 02907

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	Date
BROTHER BRUNY FEURY	2/05/24

Signature of Officer/Authorized Representative

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

FORM 631- Revised: 12/2023