



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  
STAMP  
FEB 08 2024

1. Entity ID Number <b>697752</b>		2. Exact name of the Corporation <b>HAITIAN AMERICAN EVANGELICA FOUNDATION OF RI</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>RELIGIOUS ACTIVITIES-CHURCH</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>214 HOME AVE</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02908</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>CHRISTOPHER FEURY</b>			
Street Address <b>9 PORTLAND STREET</b>		Street Address <b>297 ELMWOOD AVE.</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>ROSE BELONY PAMELA THEN</b>		Treasurer Name <b>POLOGNE CHARLES</b>			
Street Address <b>9 PORTLAND STREET</b>		Street Address <b>9 PORTLAND STREET</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>GEOVANY RAMIREZ</b>		Director Name <b>JOSEPH FRITZ SIMON</b>			
Street Address <b>297 ELMWOOD AVE</b>		Street Address <b>9 PORTLAND STREET</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>EMI OWOYEMI, JACOB KUDJIMA</b>		Director Name <b>SANTOS A. ESCOBAR, LEON CAYO</b>			
Street Address <b>1860 WESTMINSTER STREET</b>		Street Address <b>241 WEBSTER AVE.</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</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>2/5/24</b>	
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