



**State of Rhode Island  
Department of State - Business Services Division**

STATE

**Annual Report for the year:** 2024  
**Non-Profit Corporation**

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- 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 <u>81854</u>		2. Exact name of the Corporation <u>Eglise De Dieu Par La Foi / church of God By faith</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>81310</u>		<u>Charitable Religious</u>			
6. Principal Office Address <u>144 Penn street</u>			City <u>Providence,</u>	State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Pastor Jean B Delille</u>			Vice-President Name <u>Leresse Delille</u>		
Street Address <u>187 Gray street</u>			Street Address <u>187 Gray street</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence,</u>	State <u>RI</u>	Zip <u>02909</u>
Secretary Name <u>Marjorie Delille</u>			Treasurer Name <u>Naome Angeril</u>		
Street Address <u>187 Gray street</u>			Street Address <u>149 Landon Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>
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 <u>Hannie Israël</u>			Director Name <u>Berthieu Beaujour</u>		
Street Address <u>69 Fendele street</u>			Street Address <u>70 Pawtucket</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>Gerard Divamé</u>			Director Name		
Street Address <u>36 Health Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Pastor Jean B. Delille</u>					Date <u>01-03-24</u>
Signature of Officer/Authorized Representative <u>Jean B. Delille</u>					<u>MAR 1 2024</u>

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

BY FPHCG