



State of Rhode Island  
Department of State - Business Services Division

FILED

MAY 17 2024

BY

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 <u>000026640</u>		2. Exact name of the Corporation <u>Uppnang Pentecostal Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>75 Prospect St.</u>		City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>THOMAS JOHNSTON</u>		Vice-President Name <u>LAWRENCE DENOFIO</u>	
Street Address <u>26 STANDARD AVE.</u>		Street Address <u>107 MAWNEY ST.</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>E. GREENWICH</u>
Secretary Name <u>ROBERT LYTLE</u>		Treasurer Name <u>CHERYL TETREAU</u>	
Street Address <u>53 JEANNETTE CT.</u>		Street Address <u>63 EVERBLOOM DR.</u>	
City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>CRANSTON</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>PAUL JAY</u>		Director Name <u>STEVE GARDINER</u>	
Street Address <u>101 WHEELER AVE.</u>		Street Address <u>79 GLOVERNS HILL</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>W. WARWICK</u>
Director Name <u>LAWRENCE DENOFIO</u>		Director Name	
Street Address <u>107 MAWNEY ST.</u>		Street Address	
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City
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 <u>THOMAS JOHNSTON</u>			Date <u>5/14/24</u>
Signature of Officer/Authorized Representative <u>Thomas Johnston</u>			

## MAIL TO:

Division of Business Services

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