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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.

1. Entity ID Number: 149846	2. Exact name of the Corporation: First Haitian Baptist Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religions Society Associated With and a Member of the American Baptist church of RI
4. NAICS Code: 813110	

6. Principal Office Address: 1275 Elmwood AVE | City: Cranston | State: RI | Zip: 02920

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Jean Miguel Louis	Vice-President Name: Edeline Louis
Street Address: 163 Fruit Hill AVE	Street Address: 163 Fruit Hill AVE
City: N. Providence State: RI Zip: 02911	City: N. Providence State: RI Zip: 02911
Secretary Name: Marie C. Nasseau	Treasurer Name: Ghislaine Cadet
Street Address: 24 Rice St	Street Address: 75 Clemence st
City: Johnston State: RI Zip: 02919	City: Cranston State: RI Zip: 02920

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Joseph Pierre Louis	Director Name: Jean Miguel Louis
Street Address: 11 What-Cheer AVE	Street Address: 163 Fruit Hill AVE
City: Providence State: RI Zip: 02909	City: N. Providence State: RI Zip: 02911
Director Name: Jean Jony Valcy	Director Name:
Street Address: 24 Rice St	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:

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: Marie C. Nasseau
Date: 07/05/24

Signature of Officer/Authorized Representative: Marie C. Nasseau

FILED
JUL 05 2024
BY

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: 04/2023