



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.

REC'D RIDOS BSD
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1. Entity ID Number <u>000489017</u>		2. Exact name of the Corporation <u>Essezer Nazarene Church of RI</u>			
3. State of Incorporation <u>000489017, RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preaching THE Gospel of Jesus-christ and helping people who in needs as we can</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>266 Dexter Street</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Pastor Miche Desvalon</u>			Vice-President Name <u>Deacon Corneil Germain</u>		
Street Address <u>84 Finch Ave</u>			Street Address <u>194 Garden St.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Raymond Bergale</u>			Treasurer Name <u>Rossie Charles</u>		
Street Address <u>1410 Mendon Rd</u>			Street Address <u>94 Lake St.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Groton</u>	State <u>RI</u>	Zip <u>02910</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Deacon Jean Merlain</u>			Director Name <u>Yvonne Bonhomme</u>		
Street Address <u>52 Felix St</u>			Street Address <u>161 West Ave</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>Francois Cassens</u>			Director Name <u>Mirlande Cassens</u>		
Street Address <u>20 Prince St.</u>			Street Address <u>20 Prince St.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
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>Rev. Pastor Miche Desvalon</u>					Date <u>7/9/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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

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FORM 631- Revised: 04/2023