



State of Rhode Island
Department of State - Business Services Division

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REC'D RIDOS BSC
24 JUL 2024 PM 3:27:15

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 001695740		2. Exact name of the Corporation ASSEMBLY OF GOD MINISTRY GETHESSEMANE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Organization - Church			
4. NAICS Code 813110					
6. Principal Office Address 951 Aquidneck Ave			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leonier H Da Silva			Vice-President Name Fabricio P Fernandes		
Street Address 36 Swan Dr			Street Address 123 Niagara St Apt A		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Secretary Name Claudio Jaco C Santos			Treasurer Name Marcelo Cardoso Reis		
Street Address 128 Lawrence St apt A			Street Address 46B Glen Meade Dr		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
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 Claudio Jaco C Santos			Director Name Marcelo Cardoso Reis		
Street Address 128 Lawrence St apt A			Street Address 46B Glen Meade Dr		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
Director Name Lucio coelho			Director Name		
Street Address 1233 NIAGARA STREET			Street Address		
City Middletown	State RI	Zip 02842	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 Leonier H Da Silva, president				Date 07/24/2024	
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

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