



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025
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>001701449</u>		2. Exact name of the Corporation <u>Tabernacle of Mercy Gospel Assembly</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To establish & oversee places of worship, teach and preach the gospel to all people</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>80 Bridgham street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Leon Cayo</u>		Vice-President Name <u>Alix Pierre Jean Louis</u>	
Street Address <u>299 Manton Ave</u>		Street Address <u>80 Bridgham st</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
Secretary Name <u>Mona Cayo</u>		Treasurer Name <u>Sultania Jean Louis</u>	
Street Address <u>299 Manton Ave Apt 1</u>		Street Address <u>77 North st</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>New Bedford</u>	State <u>MA</u> Zip <u>02740</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>ISAAC L Cayo</u>		Director Name <u>Sonel Dorius</u>	
Street Address <u>299 Manton Ave Apt 1</u>		Street Address <u>330 Fith st</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Fall River</u>	State <u>MA</u> Zip <u>-</u>
Director Name <u>Elizabeth Dorius</u>		Director Name <u>Mona Cayo</u>	
Street Address <u>330 Fith st</u>		Street Address <u>299 Manton Ave Apt 1</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</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>Leon Cayo</u>			Date <u>12/11/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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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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