



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RHODES BSD
28 FEB 21 4:11:57 PM

1. Entity ID Number <u>149846</u>		2. Exact name of the Corporation <u>First Haitian Baptist Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religions society associated with and a member of the American Baptist Church of RI</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>1275 Elmwood Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jean Miguel Louis</u>		Vice-President Name <u>Edeline Louis</u>	
Street Address <u>163 Fruit Hill Ave</u>		Street Address <u>163 Fruit Hill Ave</u>	
City <u>N. Providence</u>	State <u>RI</u>	City <u>N. Providence</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02911</u>	
Secretary Name <u>Marie C. Masseau</u>		Treasurer Name <u>Chislaine Codet</u>	
Street Address <u>24 Rice St</u>		Street Address <u>75 Clemence St</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02920</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>Joseph Pierre Louis</u>		Director Name <u>Jean Miguel Louis</u>	
Street Address <u>11 What-Cheer Ave</u>		Street Address <u>163 Fruit Hill Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>N. Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02911</u>	
Director Name <u>Jean Tony Volcy</u>		Director Name	
Street Address <u>24 Rice St</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		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 <u>Marie C. Masseau</u>		FILED FEB 21 2025 <u>NSyQd</u>	Date <u>2/21/25</u>
Signature of Officer/Authorized Representative <u>Marie C. Masseau</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