



State of Rhode Island
Department of State - Business Services Division

STA. -

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 000799289		2. Exact name of the Corporation The Universal Church, Inc			
3. State of Incorporation New York		5. Brief description of the character of business conducted in Rhode Island Church - perform religious services			
4. NAICS Code 813110					
6. Principal Office Address 100 Mulberry St. 14th FL			City Newark	State NJ	Zip 07102
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Hillard Fitzkee			Vice-President Name Airton Rancoleta		
Street Address 100 Mulberry St. 14th FL			Street Address 100 Mulberry St. 14th FL		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
Secretary Name Carmo Dinis			Treasurer Name David Higginbotham		
Street Address 100 Mulberry St. 14th FL			Street Address 100 Mulberry St. 14th FL		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
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 Bira Fonseca			Director Name Jose Nicolas LaTorre		
Street Address 100 Mulberry St. 14th FL			Street Address 100 Mulberry St. 14th FL		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
Director Name Raphael Magalhaes			Director Name Airton Rancoleta		
Street Address 100 Mulberry St. 14th FL			Street Address 100 Mulberry St. 14th FL		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Airton Rancoleta - Vice President / Director				Date 02/20/2025	
Signature of Officer/Authorized Representative 					

FEB 25 AM 10:59

AA. 10:59 AM.

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

FILED

FEB 25 2025
FORM 990-SS (2022)
BY MP/CHP