RI SOS Filing Number: 202569724100 Date: 4/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 9 PM4:34:3

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	2. Exact name of the Corporation
001725166	Ebenezer Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To oversee places of worship, teach and preach the gospel to All people. Also engage activities which are necessary
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
143 Glenwood Ave	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Angela Oliveira	
Street Address: 145 Glenwood Ave	Street Address
City: Pawtucket / State: RI / Zip: 02860	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Nael Del GRANDE	Myrian SILVA
Street Address: 145 Glenwood Ave	Street Address: 63 Urban Ave
City: Pawtucket / State: RI / Zip: 02860	City: Pawtucket / State: RI / Zip: 02860
Director Name: Catarina Lopes.	Director Name
Street Address: 99 Goldsmith Ave	Street Address
City: East Providence / State: RI / Zip: 02914	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.

FILED

Name of Officer/Authorized Representative	Date
Angela Oliveira	APR 09 2025
Signature of Officer/Authorized Representative: Angela Oliveira	BY HG TAX

334 19

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

FORM 631- Revised. 12/2023