



State of Rhode Island
Department of State - Business Services Division

REC'D: RIDOS BSD
25 APR 9 PM 4:34:33

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>001725166</u>		2. Exact name of the Corporation <u>Ebenezer Church</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To oversee places of worship, TEACH and preach the gospel to All people. ALSO engage activities which are necessary</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>143 Glenwood Ave</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Angela Oliveira</u>			Vice-President Name		
Street Address <u>145 Glenwood Ave</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	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 <u>Nael Del GRANDE</u>			Director Name <u>Myrian SILVA</u>		
Street Address <u>145 Glenwood Ave</u>			Street Address <u>63 Urban Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>Catarina Lopes</u>			Director Name		
Street Address <u>99 Goldsmith Ave</u>			Street Address		
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	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 <u>Angela Oliveira</u>					Date <u>APR 09 2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					BY <u>H97AX</u>

MAIL TO:
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