State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BED '25 APR 30 PM4:14

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: 001765444	2. Exact name of the Corporation: Evangelical Presbytarian Church international congregation
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: The corporation is organized and shall be operated exclusively as a nonprofit church for religious charitable and educational purposes.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
142 High Service Ave	NO. Prov.	R.I	02911

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

President Name: Theresa Kuadah		Vice-President Name: Vanessa ~~A~~ Mensah-Adu	
Street Address: 142 High Service Ave		Street Address: 12336 Herrington manor Dr.	
City: NO Prov.	State: R.I Zip: 02911	City: Silver Spring	State: MD Zip: 20906
Secretary Name: Theodore Sallah-Quaye		Treasurer Name	
Street Address: Same as Above		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: Theodore Sallah-Quaye		Director Name: Vanessa Mensa-Adu	
Street Address: 592 Buffalo Subdivision		Street Address: 12336 Herrington Manor Dr.	
City: Livingston	State: Tx Zip: 77851	City: Silver Spring	State: MD Zip: 20906
Director Name: Ena Agbenya		Director Name	
Street Address: 740 W. Chimes St Apt 5004		Street Address	
City: Baton Rouge	State: LA Zip: 70802	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
APR 30 2025
BY BTLOXC

Name of Officer/Authorized Representative: Theresa Kuadah — Date: 4/30/25

Signature of Officer/Authorized Representative: Thuadah

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

The ~~Corporation is organized~~ and shall be operated exclusively as a nonprofit church for ~~religious~~ charitable and educational purposes error