



State of Rhode Island

Department of State - Business Services Division

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 25 APR 30 AM 10:34:13

Annual Report for the year:

Non-Profit Corporation

2025

→ 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 <b>000028104</b>		2. Exact name of the Corporation <b>IGREJA EVANGELICA PENTECOSTAL ASSEMBLEIA DE DEUS</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>	
4. NAICS Code <b>NORTH AMERICAN INDUSTRY 813110 RELIGIOUS ORGANIZATIONS</b>			
6. Principal Office Address <b>177 Brook St</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOAQUIM A. GONCALVES</b>		Vice-President Name <b>JOAQUIM D. COUTO</b>	
Street Address <b>32 PECK ST.</b>		Street Address <b>177 Brook St.</b>	
City <b>SEEKONK</b>	State <b>MA</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02771</b>		Zip <b>02905</b>	
Secretary Name <b>ISAAC CORREIRO</b>		Treasurer Name <b>ZULMIRA CUNHA</b>	
Street Address <b>385 YANKEE REDDER DRIVE</b>		Street Address <b>74 TENNYSON RD</b>	
City <b>SOYERSET</b>	State <b>MA</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02726</b>		Zip <b>02888</b>	
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ELISA COUTO</b>		Director Name <b>ZULMIRA CUNHA</b>	
Street Address <b>177 Brook St</b>		Street Address <b>74 TENNYSON</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02888</b>	
Director Name <b>JOAQUIM A GONCALVES</b>		Director Name	
Street Address <b>32 PECK ST.</b>		Street Address	
City <b>SEEKONK</b>	State <b>MA</b>	City	State
Zip <b>02771</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>JOAQUIM A GONCALVES, PRESIDENT</b>			Date <b>4/30/2025</b>
Signature of Officer/Authorized Representative 			

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

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FORM 631 - Revised: 11/2021