



State of Rhode Island
Department of State - Business Services Division

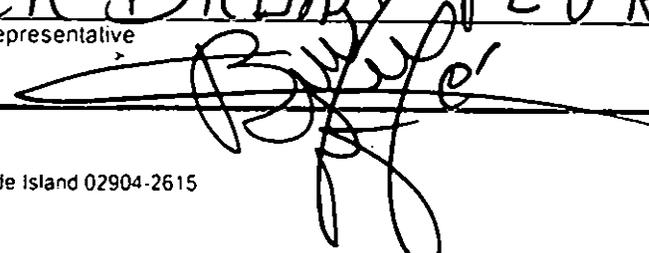
FILED

Annual Report for the year: 2025
Non-Profit Corporation

MAY 28 2025

BY SMI
OR

- 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 141734		2. Exact name of the Corporation HAITIAN MISSIONARY BAPTIST CHURCH OF RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MARRIAGE, WORSHIP, BIBLE STUDY, PRAYER MEETING, RELIGIOUS ACTIVITIES	
4. NAICS Code 015110			
6. Principal Office Address 12 LINCOLN AVE.		City CRANSTON	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BROTHER BRUNY FEURY		Vice-President Name PASTOR DANIEL MICHEL	
Street Address 12 LINCOLN AVE.		Street Address 12 LINCOLN AVE.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name JOSE BATZ MARTINEZ		Treasurer Name JOSE F FELIX GRAMAS	
Street Address 1039 CHALKSTONE AVE.		Street Address 12 LINCOLN AVE.	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02908		Zip 02920	
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 MANUE PERCY		Director Name PASTOR ANA L. CONTRERAS	
Street Address 1275 ELWOOD AVE.		Street Address 121 WALDO STREET	
City CRANSTON	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Director Name PASTOR SOLINY VEDRINE		Director Name PASTOR EUGENIO BATZ	
Street Address 530 SMITH STREET		Street Address 1039 CHALKSTONE AVE.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
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 BROTHER BRUNY FEURY			Date 5/20/25
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