RI SOS Filing Number: 202576745790 Date: 7/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

2025 JUL 9 P1:47:54 CD RIDOS BSD

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
000054365	Providence Filadelfia first church of the Nazarene
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Religious Services
4. NAICS Code	
624190	

6. Principal Office Address	City	State	Zip
170 Reservoir Ave	Providence	RI	02907

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

President Name: Eugenio Duarte			Vice-President Name:		
Street Address: 170 Reservoir Ave			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:
Secretary Name: Dulce De Almeida			Treasurer Name: David oliveira		
Street Address: 170 Reservoir Ave			Street Address: 170 Reservoir Ave		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

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: Otaniela Goncalves		
Street Address:			Street Address: 170 Reservoir Ave		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02907
Director Name: João Mendes			Director Name: Luisa de Pina		
Street Address: 170 Reservoir Ave			Street Address: 170 Reservoir Ave		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

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		Date
EUGÉNIO R. DUARTE	**FILED**	7-7-25
Signature of Officer/Authorized Representative	JUL 09 2025	

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. 12/2023