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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
000030789	St. Paul's Evangelical Lutheran Church of Providence, Rhode Island U.A.C
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
445 Elmwood Avenue	Providence	RI	02907

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

President Name: Corvah Akoiwala			Vice-President Name: Joe Norris		
Street Address: 445 Elmwood ave			Street Address: 73 Huxley Ave		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02908
Secretary Name: Debbie Crenca			Treasurer Name: Daniel Robinson		
Street Address: 41 Main St. PO Box 575			Street Address: 10 Sweet Fern Lane		
City: Slatersville	State: RI	Zip: 02876	City: Coventry	State: RI	Zip: 02816

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: David Martin			Director Name: Danielle Norris		
Street Address: 21 Andover Drive			Street Address: 84 Gallup St		
City: Warwick	State: RI	Zip: 02886	City: Providence	State: RI	Zip: 02905
Director Name: David Ballah			Director Name:		
Street Address: 95 Carpenter Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02862	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	Date
Debbie Yantor Crenca	7-11-25

Signature of Officer/Authorized Representative: Debbie Y Crenca

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

FILED 11:12A
JUL 11 2025
BY 9TX8S

FORM 631- Revised 12/2023