



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 000030789		2. Exact name of the Corporation 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 445 Elmwood Avenue		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Corviah Akoiwala		Vice-President Name Joe Norris	
Street Address 445 Elmwood Ave		Street Address 73 Huxley Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02908	
Secretary Name Debbie Crenca		Treasurer Name Daniel Robinson	
Street Address 41 Main St. Pawtucket 02875		Street Address 10 Sweet Fern Lane	
City Slatersville	State RI	City Countryside	State RI
Zip 02876		Zip 02814	
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 Danette Norris	
Street Address 21 Andover Drive		Street Address 84 Gallup St	
City Warwick	State RI	City Providence	State RI
Zip 02886		Zip 02905	
Director Name David Ballah		Director Name	
Street Address 95 Carpenter Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02862		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 Debbie Yankor Crenca			Date 7-11-25
Signature of Officer/Authorized Representative <i>Debbie Yankor Crenca</i>			

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 11:09 AM

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BY 9TX85