

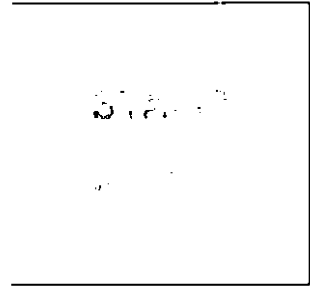


State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022

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 001732804		2. Exact name of the Corporation NOUVELLE JERUSALEM PRAYER LINE					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PRAYER LINE					
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>							
6. Principal Office Address 100 JOHN STREET				City PAWTUCKET		State RI	Zip 02861
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name DERNIER CADET				Vice-President Name JORDAN RORO FEVRY			
Street Address 100 JOHN STREET				Street Address 100 JOHN STREET			
City PAWTUCKET		State RI	Zip 02860		City PAWTUCKET		State RI
City PAWTUCKET		State RI	Zip 02861		City		State
Secretary Name JEREMIAH JB CADET				Treasurer Name			
Street Address 100 JOHN STREET				Street Address			
City PAWTUCKET		State RI	Zip 02861		City		State
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 DERNIER CADET				Director Name JEREMIAH JB CADET			
Street Address 100 JOHN STREET				Street Address 100 JOHN STREET			
City PAWTUCKET		State RI	Zip 02861		City PAWTUCKET		State RI
Director Name				Director Name JORDAN RORO FEVRY			
Street Address				Street Address 100 JOHN STREET			
City		State	Zip		City PAWTUCKEY		State RI
City		State	Zip		City		State
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>							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>							
Name of Officer/Authorized Representative DERNIER CADET						Date 06/09/2022	
Signature of Officer/Authorized Representative 							

FILED

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

JUN 13 2022  
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