



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

**Annual Report for the year:** 2023  
**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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 JAN 26 A 9:35

1. Entity ID Number <b>001732804</b>		2. Exact name of the Corporation <b>NOUVELLE JERUSALEM PRAYER LINE</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>PRAYER LINE</b>			
4. NAICS Code <b>813110 - Religious Organization</b>					
6. Principal Office Address <b>84 N BEND STREET, APT 3</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DERNIER CADET</b>		Vice-President Name <b>JORDAN RORO FEVRY</b>			
Street Address <b>N BEND STREET, APT 3</b>		Street Address <b>N BEND STREET, APT 3</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>JEREMIAH JB CADET</b>		Treasurer Name			
Street Address <b>N BEND STREET, APT 3</b>		Street Address			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
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 <b>DERNIER CADET</b>		Director Name <b>JORDAN RORO FEVRY</b>			
Street Address <b>N BEND STREET, APT 3</b>		Street Address <b>N BEND STREET, APT 3</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>JEREMIAH JB CADET</b>		Director Name			
Street Address <b>N BEND STREET, APT 3</b>		Street Address			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
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 <b>DERNIER CADET</b>				Date <b>01/25/2023</b>	
Signature of Officer/Authorized Representative 				FILED 935 JAN 26 2023 BY <u>JEP</u>	

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