




State of Rhode Island
Department of State - Business Services Division

REC'D RRD05 850
 27 MAR 23 PM 3:04:37

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 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 833110					
6. Principal Office Address 162 ACADEMY AVE		City PROVIDENCE	State RI	Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DERNIER CADET			Vice-President Name DERNIER CADET		
Street Address 162 ACADEMY AVE			Street Address 162 ACADEMY AVE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name JORDAN RORO FEVRY			Treasurer Name JEREMIAH JB CADET		
Street Address 162 ACADEMY AVE			Street Address 162 ACADEMY AVE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DERNIER CADET			Director Name JEREMIAH JB CADET		
Street Address 162 ACADEMY AVE			Street Address 162 ACADEMY AVE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name JORDAN RORO FEVRY			Director Name		
Street Address 162 ACADEMY AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative DERNIER CADET				Date 03/21/2024	
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

MAR 27 2024
BY ML 3G2HA