

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20,00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25,00 PENALTY FEE.

rining ree: \$20.00 • FA	LUNE 10 FILE 1/115 REPORT BY J	OLT 30 WILL RESULT IN A \$2	25.00 PENALI 1	rce.		
1. Entity ID No.	2. Exact name of the Corporation					
517168	Remission (	Class Ch				
3. State of Incorporation	4. Brief description of the character of b	4. Brief description of the character of business conducted in Rhode Island				
			_			
Rhode Island	Provides Chr.	sham worship	activi	ties		
5. Principal office address	1 -	City	State	Zip		
77 Reservo	r Alme	Providence	$\perp$ $RI$	02907		
	inter Agant 1000 - The control of t The control of the Control of					
President Name		Vice-President Name	1			
Scott Astman		John Miduelson				
Street Address	1 10 1	Street Address	~ 1			
44 Westbo	DR KS	17 Henry	Street			
City	State Zip	City	State	Zip		
Vain.ch	NP 102886	Clausion	182	02905		
Secretary Name		Treasurer Name				
Raspon Lich	125-7	Warther Pracht				
Street Address 17 Stexale	Chuse Cycle	Street Address 388 Adeluid	e. Aje	11110-		
City / /	State Zip	City /	State	Zip		
ATTICLOUD	MA 02703	Providence	RT	02807		
. And a comment of the contract of the contrac						
Director Name	1	Director Name William (3)	de			
Street Address	A . A	Street Address		va /		
83 Norwoo			udsu !	Poke		
Cranston	State Zip 02.905	City Foster	State	Zip 02825		
Director Name	ceffe	Director Name				
Street Address	1 11 0 1	Street Address	····			
460 Pleasan	+ Valley Karkney					
City ~ /	State / Zip	City	State	Zip		
Providence	RE 02908	1				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.						
This report must be	signed by either the President, Vice-Preside	ent, Secretary, Assistant Secretary,	Treasurer, Recei	iver or Trustee		
		-				

	FILED	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.	
	AUG 1 3 2013 7/37	Signature of Officer  Nathan Pracht	8/1/3 Date
		Print or Type Name of Officer	
Form No. 631 Revised: 05/2012		Title of Officer	

## Attachment to list of Officers - Renaissance Church - 2013

**Assistant Secretary** 

Jacob Camara

233 Old Country Road

Smithfield, RI 02917

FILED

AUG 1 3 2013

BY ID 517168