



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

**2013**

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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.

1. Entity ID No. <b>136479</b>		2. Exact name of the Corporation <b>RENEWED BAPTIST CHURCH OF EAST PROVIDENCE INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>CHRISTIAN CHURCH AND CHARITABLE ORGANIZATION</b>			
5. Principal office address <b>86 MEADOW RD</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>SAMUEL CURALOV</b>			Vice-President Name <b>SAMUEL CURALOV</b>		
Street Address <b>86 MEADOW RD</b>			Street Address <b>86 MEADOW RD</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>LEILA S.CURALOV</b>			Treasurer Name <b>SAMUEL CURALOV</b>		
Street Address <b>86 MEADOW RD</b>			Street Address <b>86 MEADOW RD</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>LEILA S.CURALOV</b>			Director Name <b>SAMUEL CURALOV</b>		
Street Address <b>86 MEADOW RD</b>			Street Address <b>86 MEADOW RD</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>SAMUEL CURALOV</b>			Director Name <b>LEILA S.CURALOV</b>		
Street Address <b>86 MEADOW RD</b>			Street Address <b>86 MEADOW RD</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
<b>REGISTERED AGENT IN RHODE ISLAND</b>					
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-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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**FILED** 11:41 AM  
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 By: 217595  
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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.

Signature of Officer: [Signature] Date: 02-10-2014  
 Print or Type Name of Officer: **PASTOR-PRESIDENTE**  
 Title of Officer: \_\_\_\_\_