



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

2009

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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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
SAMUEL CURALOV
 Date
02-10-2014
 Print or Type Name of Officer
PASTOR-PRESIDENTE
 Title of Officer

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