



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 517168		2. Exact name of the Corporation Renaissance Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island provides Christian worship activities			
5. Principal office address 77 Reservoir Avenue			City Providence	State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Astmann			Vice-President Name John Michaelson		
Street Address 44 westbrook Road			Street Address 17 Henry Street		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02905
Secretary Name Easton Dickson			Treasurer Name Nathan Pracht		
Street Address 17 Steeple Chase Circle			Street Address 388 Adelaide Avenue		
City Attleboro	State MA	Zip 02703	City Providence	State RI	Zip 02907
7. 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 Scott Astmann			Director Name John Michaelson		
Street Address 44 westbrook Rd			Street Address 17 Henry Street		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02905
Director Name Easton Dickson			Director Name Nathan Pracht		
Street Address 17 Steeple Chase Circle			Street Address 388 Adelaide Avenue		
City Attleboro	State MA	Zip 02703	City Providence	State RI	Zip 02907
8. 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, duly Authorized Representative, Receiver or Trustee

File Date
 Check No
 By: **2015 FEB 26 PM 2:53**
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2015

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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.

Nathan Pracht 2-26-15
 Signature of Officer or Authorized Representative Date

A.A. 2:53 P.M.
 Print or Type Name of Officer or Authorized Representative