



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

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2017 JUN -9 PM 3:18

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 695106		2. Exact name of the Corporation Iglesia Pentecostal El Nuevo Renacer			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island This church is a church which work for the community & God. We do service (Religion)			
4. NAICS Code 624190					
6. Principal Office Address 664 East Dyer Street		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carmen Aquino			Vice-President Name Betty Aquino		
Street Address 40 Fisk Street			Street Address 40 Fisk Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Yeimis Aquino			Treasurer Name Maritza Sosa Rosa		
Street Address 40 Fisk Street			Street Address 40 Fisk Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 Graciela Simon			Director Name Maritza Rosa		
Street Address Webster			Street Address 40 Fisk Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
Director Name Juan Arias			Director Name Evelyn Arias		
Street Address 1139 Hartford Ave. #8A			Street Address 1139 Hartford Ave. Apt 8A		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02919
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Carmen Aquino					Date 6/9/17
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED

JUN 09 2017

BY **AB 305703**