FILED

JUN 27 2019

BY 106271DS

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

**Annual Report for the year:** 2019
**Non-Profit Corporation**

→ 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 | 2. Exact name of the Corporation |
|---|---|
| 95554 | Renacer Communication Radio Renacer, Inc. |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Radio Broadcasting |
| 4. NAICS Code: 713110-Related Activities | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 716 Elmwood Ave | Providence | RI | 02907 |

7. List ALL officers (names and addresses) — Check the box to indicate an attac

| President Name | Vice-President Name |
|---|---|
| Reinaldo Guerra | Odulys Guerra |
| Street Address: 60 Limerack Rd. | Street Address: 60 Limerack Rd |
| City: Smithfield; State: RI; Zip: 02917 | City: Smithfield; State: RI; Zip: 02917 |
| **Secretary Name:** Israel Horales | **Treasurer Name:** Samuel Morales |
| Street Address: 19 Butler Dr | Street Address: 226 Killingly St |
| City: Johnston; State: RI; Zip: 02919 | City: Providence; State: RI; Zip: 02909 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attac

| Director Name | Director Name |
|---|---|
| Edwin Duarte | Carlos Humberto Ocampo |
| Street Address: 13 Flower St | Street Address: 17 Marconi St |
| City: Cranston; State: RI; Zip: 02920 | City: Providence; State: RI; Zip: 02917 |
| **Director Name:** Juan Jose Orellana | **Director Name:** none |
| Street Address: 464 Eddie Dowling Hwy | Street Address: |
| City: N. Smithfield; State: RI; Zip: 02896 | City: ; State: ; Zip: |

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.***

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee*

| Name of Officer/Authorized Representative | Date |
|---|---|
| Reinaldo Guerra | 6/25/19 |

Signature of Officer/Authorized Representative