

FILED

JUN 27 2019

BY LOVAT DS

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 <u>95554</u>		2. Exact name of the Corporation <u>Renacer Communication Radio Renacer, Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Radio Broadcasting</u>			
4. NAICS Code <u>213110-Retrieve Data</u>					
6. Principal Office Address <u>782 Elmwood Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an alt:					
President Name <u>Reinaldo Guerra</u>			Vice-President Name <u>Odalis Guerra</u>		
Street Address <u>60 Limerock Rd.</u>			Street Address <u>60 Limerock Rd</u>		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
Secretary Name <u>Israel Morales</u>			Treasurer Name <u>Samuel Morales</u>		
Street Address <u>19 Butler Dr</u>			Street Address <u>322 Killinckly St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
8. List ALL directors (names and addresses); RI Corporations MUST list at least THREE directors. Check the box to indicate an alt:					
Director Name <u>Edwin Duarte</u>			Director Name <u>Carlos Humberto Acampo</u>		
Street Address <u>13 Flower St</u>			Street Address <u>17 Marconi St</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02917</u>
Director Name <u>Juan Jose Orellana</u>			Director Name <u>NONE</u>		
Street Address <u>464 Eddie Dowling Hwy</u>			Street Address		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <u>Reinaldo Guerra</u>					Date <u>6/25/19</u>
Signature of Officer/Authorized Representative 					