



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN -8 P 1:43

1. Entity ID Number 000695106		2. Exact name of the Corporation Iglesia Pentecostal El Nuevo Renacer	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This is a church which makes services to God and work with the community	
4. NAICS Code 000695106			
6. Principal Office Address 664 Dyer Avenue E		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	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Graciela Simon		Treasurer Name Mariza Rosa	
Street Address 80 Curtis #213		Street Address 19 Chatham St. #24	
City Prov.	State RI	City Prov.	State RI
Zip 02909		Zip 02904	
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 Betty Aquino		Director Name Juan Arias	
Street Address 40 Fisk Street		Street Address 1139 Hartford Av. #8A	
City Prov.	State RI	City Johnston	State RI
Zip 02905		Zip 02919	
Director Name Yemini's Aquino		Director Name Betty Aquino	
Street Address 40 Fisk Street		Street Address 40 Fisk St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 6/8/21	
Signature of Officer/Authorized Representative <i>Carmen Aquino</i>		FILED	
		JUN 08 2021	

BY [Signature]
1:43