



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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

STAMP

2022 NOV 17 PM 12:34

FORM 631 - REVISED 11/2021

1. Entity ID Number 000517168		2. Exact name of the Corporation Renaissance Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Christian Church			
4. NAICS Code 813110 Religious Organizations					
6. Principal Office Address 184 Broad Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Axtmann			Vice-President Name		
Street Address 44 Westbrook Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Scott Axtmann			Director Name John Michaelson		
Street Address 44 Westbrook Rd			Street Address 18 Henry St.		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02905
Director Name Greg Johnson			Director Name		
Street Address 73 Primrose Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
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 Nathan Pracht				Date 11/16/2022	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 17 2022

BY

K 4DSM

@ 12:35

FORM 631 - Revised: 11/2021