



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

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DEPT. OF STATE
BUSINESS SERVICES DIVISION
2023 MAR 30 12:27

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 The church is a intitution which makes services to God - It work for the community	
4. NAICS Code 000695106			
6. Principal Office Address 664 Dyer Ave.		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. 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 Maritza Rosa	
Street Address 80 Curtis St. #213		Street Address 191 Chathan street #24	
City Providence	State RI	City Providence	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 11 Ferncrest dr.	
City Providence	State RI	City Johnston	State RI
Zip 02905		Zip 02919	
Director Name Yeimis Aquino		Director Name Lisbeth Aquino-Dista	
Street Address 40 FISK street		Street Address 40 Fisk street	
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.			
<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 Reverenda Carmen Aquino			Date 3/30/23
Signature of Officer/Authorized Representative Rev. Carmen Aquino			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

FILED
MAR 30 2023
BY 358 A.A.