

State of Rhode Island

Department of State - Business Services Division

Annuai	Report	for the	year:
Non-Pr	ofit Care	ocatio	

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-> Fiting period: February 1 - May 1

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if for

— 7 Femalty: Additional \$25,00 fee if form is not filed by May 31.						
1. Entity ID Number	2013 MAR 30 P 12: 27					
000695106	Iglesia Pentecostal El Nuevo Renacer					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
KI	The church is a intitution which makes					
4. NAICS Code	Services to God- It work for the					
000695106	community					
6. Principal Office Address		City	State	Zip		
664 Dyer Ave.		Cranston	RI	27920		
7. List ALL officers (names and addresses)		Che	ck the box to indicate a	n attachment		
President Name Carmen Aguind		Vice-President Name Be + ty Aquino				
Street Address 40 Fisk 9	treet	Sheet Address 40 FISK	Street			
Providence	State RI 2ip 02905	City Providence	State RI	Zip 22905		
Secretary Name Graciela	Simon	Treasurer Name Mari4Za	Rasa			
80 Curtis St. #213		Street Address 191 Chathan 5 treet #24				
Providence	State RI Zip 03909	Providence	State RI	Zip 03904		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment						
Director Name Be ++Y	Alquino	Director Name Juan A		<u> </u>		
Street Address 40 Fisk Street Street Address 11 Ferncrest. dr.						
Civ. Providence	State RI Zip 02905	City Tohnston	State RI	Zip 02919		
	Acqueril	Lis beth	Aquino-	Disla		
Street Address 40 FISK Street		Street Address 40 Fist Street				
ciry Providence	State RI Zip 02905	City Providence	State RI	Zip 03905		
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.						
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 Repre	·)	Date 3/20/	/ クコ			
Signature of Officer/Authorized Representative 3/30/23						
Rev. Carmen Cufferno						
MAIL TO:						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sns.ri.anv 178 A.FI