

REC'D RIDOS BSD
24 FEB 7 AM 8:51:50State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
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.

1. Entity ID Number <u>001740052</u>		2. Exact name of the Corporation <u>Iglesia Evangelica Nuevo Renacer.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>514 Cranston St. Apt #2</u>		City <u>Providence</u>	State <u>R.I.</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Sarvelio Castro Ovando</u>		Vice-President Name <u>Wilagro Acabal A</u>	
Street Address <u>514 Cranston St. Apt #2</u>		Street Address <u>514 Cranston St Apt #2</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Secretary Name <u>Desideria Castro</u>		Treasurer Name	
Street Address <u>80 Bowdoin St.</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State
Zip <u>02909</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Leidi Castro</u>		Director Name <u>Emanuel Castro Acabal</u>	
Street Address <u>514 Cranston St Apt #2</u>		Street Address <u>514 Cranston St Apt #2</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02907</u>		Zip <u>02907</u>	
Director Name		Director Name <u>Imanol Accuedo Castro</u>	
Street Address		Street Address <u>80 Bowdoin St</u>	
City	State	City <u>Providence</u>	State <u>R.I.</u>
Zip		Zip <u>02909</u>	
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 Representative <u>Sarvelio Castro O.</u>			Date <u>2/7/2024</u>
Signature of Officer/Authorized Representative <u>Sarvelio Castro</u>			

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

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