



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual 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 000095554		2. Exact name of the Corporation Renacer Communication:Radio Renacer, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RADIO BROADCASTING			
4. NAICS Code 516110					
6. Principal Office Address 786 Elmwood Ave		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Reinaldo GUERRA			Vice-President Name ODALYS GUERRA		
Street Address 60 Limerock Rd.			Street Address 60 Limerock Rd.		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Isaiah Morales			Treasurer Name SAMUEL Morales		
Street Address 19 Butler Dr.			Street Address 322 KILLINGLY ST		
City JOHNSTON	State RI	Zip 02919	City Providence	State RI	Zip 02909
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 JUAN JOSE ORELLANA			Director Name Jorge M. ORELLANA		
Street Address 964 Eddie Dowling Hwy			Street Address 291 WALDO ST		
City North Smithfield	State RI	Zip 02896	City Providence	State R.I	Zip 02909
Director Name JUAN A Escobar			Director Name		
Street Address 4 Zoar ST			Street Address		
City North Providence	State RI	Zip 02911	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.					
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 Reinaldo GUERRA			Date FILED 11/5		
Signature of Officer/Authorized Representative [Signature]			FEB - 8 2024 RS JTH		

MAIL TO:
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