

REC'D RIDOS BSD  
MAR 29 PM 4:14:00State 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>001733070</u>		2. Exact name of the Corporation <u>Iglesia Evangelica Redención, Inc</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious organization</u> <u>Help the community in general both in spiritual matters and in their basic needs.</u>	
4. NAICS Code Religious <u>813110 organization</u>			
6. Principal Office Address <u>83 FOLE Square Cranston RI</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Julio Kilkán</u>		Vice-President Name	
Street Address <u>787 Saint Barnabe St</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	City	State
Zip <u>02895</u>		Zip	
Secretary Name <u>Flory Garcia</u>		Treasurer Name <u>Olga Colorado</u>	
Street Address <u>195 Pines St</u>		Street Address <u>955 Longview Drive</u>	
City <u>Attleboro</u>	State <u>MA</u>	City <u>North Attleboro</u>	State <u>MA</u>
Zip <u>02703</u>		Zip <u>02760</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Julio Kilkán</u>		Director Name <u>Wilberto Morales</u>	
Street Address <u>787 Saint Barnabe St</u>		Street Address <u>25 Nikersond St</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02860</u>	
Director Name <u>Miguel Lima</u>		Director Name	
Street Address <u>955 Longview Drive</u>		Street Address	
City <u>North Attleboro</u>	State <u>MA</u>	City	State
Zip <u>02760</u>		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 <u>Julio Kilkán</u>			Date <u>03/29/2024</u>
Signature of Officer/Authorized Representative 			

MAIL TO:  
 Division of Business Services  
 146 W. River Street, Providence, Rhode Island 02804-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED

MAR 29 2024  
BY ML NV8HX

FORM 631- Revised: 04/2023