



State of Rhode Island
Department of State - Business Services Division

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.

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|--|--------------------|--|---|---------------------|---------------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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> | Zip <u>02895</u> | City | State | Zip |
| Secretary Name <u>Flore 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> | Zip <u>02703</u> | City <u>North Attleboro</u> | State <u>MA</u> | Zip <u>02760</u> |
| 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 <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> | Zip <u>02895</u> | City <u>Pawtucket</u> | State <u>RI</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> | Zip <u>02760</u> | 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 <u>Julio Kilkán</u> | | | | | Date <u>03/29/2024</u> |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 29 2024

BY ML NV8HX

FORM 631- Revised: 04/2023