



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<br><u>001724361</u>  |                     | 2. Exact name of the Corporation<br><u>Iglesia Nueva Creación / New Creation Church</u>                                      |                           |
| 3. State of Incorporation<br><u>RI</u>   |                     | 5. Brief description of the character of business conducted in Rhode Island<br><u>We are a christian evangelical church.</u> |                           |
| 4. NAICS Code<br><u>813110</u>   |                     |  |                           |
| 6. Principal Office Address<br><u>28 Belcourt Ave.</u>   |                     | City<br><u>North Providence</u>  | State<br><u>RI</u>        |
|  |                     | Zip<br><u>02911</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<br><u>Angel Melendez</u>  |                     | Vice-President Name<br><u>Carmen Melendez</u>  |                           |
| Street Address<br><u>28 Belcourt Ave.</u>  |                     | Street Address<br><u>28 Belcourt Ave.</u>  |                           |
| City<br><u>North Providence</u>  | State<br><u>R.I</u> | City<br><u>North Providence</u>  | State<br><u>RI</u>        |
| Zip<br><u>02911</u>  |                     | Zip<br><u>02911</u>  |                           |
| Secretary Name<br><u>Minerva Perez</u>   |                     | Treasurer Name<br><u>Samuel Melendez</u>   |                           |
| Street Address<br><u>3 Olmsted Way #220</u>  |                     | Street Address<br><u>28 Belcourt Ave.</u>  |                           |
| City<br><u>Providence</u>  | State<br><u>RI</u>  | City<br><u>North Providence</u>  | State<br><u>RI</u>        |
| Zip<br><u>02904</u>  |                     | Zip<br><u>02911</u>  |                           |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |  |                           |
| Director Name<br><u>Angel Melendez</u>   |                     | Director Name<br><u>Carmen Melendez</u>  |                           |
| Street Address<br><u>28 Belcourt Ave.</u>  |                     | Street Address<br><u>28 Belcourt Ave.</u>  |                           |
| City<br><u>North Providence</u>  | State<br><u>RI</u>  | City<br><u>North Providence</u>  | State<br><u>RI</u>        |
| Zip<br><u>02911</u>  |                     | Zip<br><u>02911</u>  |                           |
| Director Name<br><u>Samuel Melendez</u>  |                     | Director Name  |                           |
| Street Address<br><u>28 Belcourt Ave.</u>  |                     | Street Address   |                           |
| City<br><u>North Providence</u>  | State<br><u>RI</u>  | City   | State                     |
| Zip<br><u>02911</u>  |                     | Zip  |                           |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                     |  |                           |
| <b>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.</b>        |                     |  |                           |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                     |  |                           |
| Name of Officer/Authorized Representative<br><u>Angel Melendez</u>   |                     |  | Date<br><u>04/16/2024</u> |
| Signature of Officer/Authorized Representative<br><u>Angel Melendez</u>  |                     |  | FILED <u>305</u>          |

MAIL TO:  
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