



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001744579

2. Name of Corporation Resurgence Training Network

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 1515 SMITH STREET
SUITE J

City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THIS CORPORATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION AND IS NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON. IT IS ORGANIZED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW FOR CHARITABLE PURPOSES. THE SPECIFIC PURPOSES FOR WHICH THIS CORPORATION IS FORMED ARE EXCLUSIVELY CHARITABLE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, THE PURPOSES OF THIS CORPORATION ARE LIMITED TO

EXCLUSIVELY TO EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING BUT NOT LIMITED TO THE DVANCEMENT OF RELIGION.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JESSICA R PEREZ	36 DE PINEDO STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JESSICA R PEREZ	36 DE PINEDO STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JOSEPH M PEREZ	36 DE PINEDO STREET PROVIDENCE, RI 02904 USA
DIRECTOR	SHAUN ANTHONY MARK	1515 SMITH STREET, SUITE J NORTH PROVIDENCE, RI 02904 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JESSICA PEREZ 1515 SMITH STREET, SUITE J NORTH PROVIDENCE , RI 02911

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of May, 2024 at 10:13:46 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JESSICA PEREZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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