



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.

REC'D RIDOS BSD  
24 MAY 14 PM 1:31:02

1. Entity ID Number <u>1687851</u>		2. Exact name of the Corporation <u>Iglesia Renacer.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Christian Church.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>98 Dover St</u>			City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Melecio Cruz</u>			Vice-President Name		
Street Address <u>98 Dover St.</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name <u>Fredy Vasquez</u>			Treasurer Name		
Street Address <u>10 Power Rd.</u>			Street Address		
City <u>Thonston</u>	State <u>RI</u>	Zip <u>02918</u>	City	State	Zip
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>Mario Figueroa.</u>			Director Name <u>Fredy Vasquez.</u>		
Street Address <u>745 Hartford ave</u>			Street Address <u>10 Power Rd.</u>		
City <u>Thonston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Thonston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>Melecio Cruz</u>			Director Name		
Street Address <u>98 Dover St</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02908</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>Melecio Cruz</u>					Date <u>5/14/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

MAY 14 2024

BY 126  
ABC

FORM 631- Revised: 04/2023