



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 29 AM 9:37:52

1. Entity ID Number <u>68849</u>		2. Exact name of the Corporation <u>CHRISTIAN RATIONALISM REDEEMER CENTER AFFILIATE</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO CIRCULATE SPIRITUALISM TEACHING ACCORDING W/ PRINCIPLES OF THE BOOK CHRISTIAN RATIONALISM</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>29 NORTH ROSE ST</u>		City <u>E. PROV</u>	State <u>RI</u> Zip <u>02914</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>EMMANUEL SANTIAGO</u>		Vice-President Name	
Street Address <u>29 NORTH ROSE ST</u>		Street Address	
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>	
Secretary Name <u>ARLINDA MONTEIRO</u>		Treasurer Name <u>LOIDE LOPES</u>	
Street Address <u>29 NORTH ROSE ST</u>		Street Address <u>3034 PAWTUCKET AV</u>	
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</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>ARLINDA SANTIAGO</u>		Director Name <u>HERCULANO FERNANDES</u>	
Street Address <u>20 WHELDON AV</u>		Street Address <u>14 FIFTH ST</u>	
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>	
Director Name <u>CLAUO GONCALVES</u>		Director Name	
Street Address <u>49 HOPE ST</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	
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>EMMANUEL SANTIAGO</u>			Date <u>5/29/24</u>
Signature of Officer/Authorized Representative <i>Emmanuel Santiago</i>			

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

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MAY 29 2024  
BY JAB3XIN

FORM 631- Revised: 04/2023