



State of Rhode Island  
Department of State - Business Services Division

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 R.I. DEPARTMENT OF STATE  
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Annual Report for the year: 2025  
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.

1. Entity ID Number <b>00173370</b>		2. Exact name of the Corporation <b>Iglesia Evangelica Redencion, INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious Organization Help the community in general both in spiritual matters and in their basic needs.</b>			
4. NAICS Code <b>Religious organization 81310</b>					
6. Principal Office Address <b>83 Rolf Square</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Julio Kilkán</b>			Vice-President Name		
Street Address <b>287 Saint Barnabe St</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Secretary Name <b>Floxy Garcia</b>			Treasurer Name <b>Dga Coronado</b>		
Street Address <b>195 Pine St</b>			Street Address <b>955 Long View Drive</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
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 <b>Julio Kilkán</b>			Director Name <b>Wilberto Morales</b>		
Street Address <b>287 Saint Barnabe St</b>			Street Address <b>25 Nikersond St</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Miguel Lima</b>			Director Name		
Street Address <b>955 Longview Drive</b>			Street Address		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City	State	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 <b>Julio Kilkán</b>				Date <b>03-10-2025</b>	
Signature of Officer/Authorized Representative 				BY <b>FZQSS</b>	

MAIL TO:  
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