



State of Rhode Island

Department of State - Business Services Division

FILED

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.

JUL 29 2025

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25 JUL 23 PM 10:35 10

1. Entity ID Number 001680948		2. Exact name of the Corporation IGLESIA KAYROS (NUEVO RENACER)	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PRESCH THE GOSPEL OF JESUS CHRIST IN RHODE ISLAND AND OTHER COUNTRIES	
4. NAICS Code 813110			
6. Principal Office Address 469 HARFTFORD AVE.		City PROVIDENCE	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name JOSUE L. ESTRADA		Vice-President Name DALMA M. ARCHILA DE ROSA	
Street Address 355 PLAINFIEL ST.		Street Address 34 SISSON ST.	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE State RI Zip 02909
Secretary Name SORAYA VANESSA SANCHEZ		Treasurer Name ERVINW R. PEÑA	
Street Address 420 WEBSTER AVE.		Street Address 18 TIFANY ST.	
City CRANSTON	State RI	Zip 02920	City PROVIDENCE State RI Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name RUBEN QUINO LOPEZ		Director Name MANUEL HERNANDEZ	
Street Address 2 LIGIAN CT		Street Address 57 HAW KIN'S ST.	
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE State RI Zip 02908
Director Name VICTOR SANTANA		Director Name ORLANDO RAMIREZ	
Street Address 47 PRISCILLA AVE.		Street Address 122 FLORENCE ST. APT.1	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE State RI Zip 02908
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 ERVINW R. PEÑA			Date 07/29/2025
Signature of Officer/Authorized Representative <i>Ervin R. Peña</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

Iglesia Kayros Nuevo Renacer

469 Hartford Ave. Providence, RI 02909

Pastor Oficial	Richard Hiraldo 23 Kinfield St. Providence, RI 02909	(401) 919-0511
President	Josué L. Estrada 355 Plainfield St. Providence, RI 02909	(401) 919-0912
Vice-President	Delma M. Archila de Rosa 34 Sisson St. Providence, RI 02909	(401) 688-8934
Secretary	Soraya Vanessa Sánchez de Rojas 420 Webster Ave. Cranston, RI 02920	(401) 516-1583
Treasurer	Ervinw R. Peña 18 Tiffany ST. Providence, RI 02908	(401) 230-0626
Director	Víctor Santana 47 Priscilla Ave. Providence, RI 02909	(401) 699-9191
Director	Manuel Hernández 57 Haw Kins St. Providence, RI 02908	(401) 481-1789
Director	Orlando Ramírez 122 Florence St. Apt.1 Providence, RI 02909	(401) 569-9688
Director	Rubén Quino López 2 Ligian CT Johnston, RI 02919	(401) 645-0693