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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Corporate ID No.	2. Name of Corporation		
30932	COVENTRY CONGREGATION OF JEHOVAH'S WITNESSES, INC.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I.	1709 FLAT RIVER RD.	COVENTRY	02816
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ROBERT BUELL	1 HOOVER DR.	COVENTRY	R.I.	02816
Vice President Name	**Street Address**	**City**	**State**	**Zip**
WILLIAM TREMBLAY	4 ORCHARD DR.	HOPE	R.I.	02831
Secretary Name	**Street Address**	**City**	**State**	**Zip**
ALBERT SCUNZIO	53 STONE ST.	COVENTRY	R.I.	02816
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
RICHARD SEELENBRANDT	426 CARPENTER RD.	HOPE	R.I	02831

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
ROBERT BUELL	1 HOOVER DR.	COVENTRY	R.I.	02816
Director Name	**Street Address**	**City**	**State**	**Zip**
WILLIAM TREMBLAY	4 ORCHARD DR.	HOPE	R.I.	02831
Director Name	**Street Address**	**City**	**State**	**Zip**
RICHARD SEELENBRANDT	426 CARPENTER RD.	HOPE	R.I.	02831
Director Name	**Street Address**	**City**	**State**	**Zip**

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

ROBERT BUELL
Signature of Officer *Date*

ROBERT BUELL
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date	FILED
Check No.	JUN 22 2009
By:	By 2317

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 631 Rev. 09/17

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