

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

2009 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. | | | <u> </u> | | |
|--|--------------------------------|--|--|-----------------------------|----------------------|
| 1. Corporate ID No. | 2. Name of Corporation LINCIN | | OF JEHOVAN'S | WITHESSES | |
| 3. State of Incorporation R.T. | | Rbode Island - Street Address ANCIS AVE | , | PAWTUCKET | ^{Zip} 02860 |
| 5. Foreign corporation. Enter principal office address | | | Сіцу | State | Zip |
| 6. Brief Description of the character of BIBLE | of the affairs which are a | • | land | • | • |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Jeffry J Marsh | | | Vice President Name Vice President Name | | |
| Street Address 94 Francis Ave | | | Street Address | | |
| Pawtocket | State R I | 02860 | City | State | Zip |
| Michael Burrows | | | Treasurer Name Micch Smith | | |
| Street Address 96 Francis Ave | | | Street Address 147 Front ST | | |
| Pawtucket | State RI | 0286O | City Lincolu | State RI | 02865 |
| 8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO | | | | | |
| Director Name Jeffey J Marsh | | | Director Name Michael Borrows | | |
| Street Address 94 Francis Ave | | | Street Address 96 Francis Ave | | |
| Pawticket | State RI | O2860 | Car Pawtucket | State RI | ^{zip} 02860 |
| Director Name Micah Smith | | | Director Name .1608 | | |
| Street Address 147 Front ST | | | Street Address | | |
| Lincoln 9. REGISTERED AGENT IN | State RI RHODE ISLAND | 02865 | City | State | Zip |
| This information is currently of | of record in the Office | ce of the Secretary of Sta | te. Changes require filing of Fo | orm 641 - R.I.G.L. 7-6-13/7 | '-6-78 |
| This report must | be signed by either | the President, Vice Pre | sident, Secretary, Assistant S | Secretary, Treasurer, Recei | ver or Trustee |

| | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all |
|---------------------------------|--|
| File Date 6-30-09 | statements contained herein are true and correct. |
| Check No | Signature of Officer [1] Date Jeffery J Marsh |
| By: | Print or Type Name of Office President |
| Total decident of SIME one Otto | Title of Officer Form 631 Rev. 09/17 |