



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 2011**

**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. <b>67467</b>		2. Name of Corporation <b>JEHOVAH'S WITNESSES OF PROVIDENCE, HUNTINGTON VIEW CONGREGATION INC.</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>191 GALLATIN STREET</b>		City <b>PROV</b>	Zip <b>02907</b>
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 <b>RELIGIOUS</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RICKY BARBER</b>			Vice President Name		
Street Address <b>193 PENCE ST</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>KENNETH B SMITH</b>			Treasurer Name <b>DAVID CHUN</b>		
Street Address <b>191 GALLATIN ST</b>			Street Address <b>1 JASPER ST</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02904</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>RICKY BARBER</b>			Director Name <b>DAVID CHUN</b>		
Street Address <b>193 PENCE ST.</b>			Street Address <b>1 JASPER ST</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>KENNETH B SMITH</b>			Director Name		
Street Address <b>191 GALLATIN ST.</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02907</b>	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

**FILED**

JUN 07 2011

By KUSSTO

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File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 6.6.2011  
Signature of Officer Date

KENNETH B. SMITH  
Print or Type Name of Officer

SECRETARY  
Title of Officer