



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 111364		2. Exact name of the Corporation TREASURES OF TRUTH MINISTRIES			
3. State of Incorporation R.I.		4. Corporate Address in RI - Street Address 284 CENTENNIAL ST.		City BURRILLVILLE	Zip 02859
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island SPIRITUAL ARTICLES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT R. WOODS			Vice-President Name SAMSON R. WOODS		
Street Address 284 CENTENNIAL ST.			Street Address 284 CENTENNIAL ST.		
City BURRILLVILLE	State R.I.	Zip 02859	City BURRILLVILLE	State R.I.	Zip 02859
Secretary Name DESTINY RACHEL SPERDUTI			Treasurer Name		
Street Address 33 COYLE ST.			Street Address		
City WARWICK	State R.I.	Zip 02886	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT R. WOODS			Director Name LUCILLE SPERDUTI		
Street Address 284 CENTENNIAL ST.			Street Address 33 COYLE ST.		
City BURRILLVILLE	State R.I.	Zip 02859	City WARWICK	State R.I.	Zip 02886
Director Name SAMSON ROBERT WOODS			Director Name DESTINY RACHEL SPERDUTI		
Street Address 284 CENTENNIAL ST.			Street Address 33 COYLE ST.		
City BURRILLVILLE	State R.I.	Zip 02859	City WARWICK	State R.I.	Zip 02886
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 21 2012
 1217

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 of Officer: Robert R. Woods Date: 5/11/12
 Print or Type Name of Officer: ROBERT R. WOODS
 Title of Officer: PRESIDENT