



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. 7946		2. Exact name of the Corporation TIVERTON CONGREGATION OF JEHOVAH'S WITNESSES, INC.		
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 255 LEPES ROAD		City TIVERTON
				Zip 02878
5. Foreign corporation. Enter principal office address N/A		City		State
				Zip
6. Brief description of the character of business conducted in Rhode Island RELIGIOUS EDUCATION				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name LARRY A. HELD		Vice-President Name		
Street Address 28 HILTON ST		Street Address		
City TIVERTON	State RI	Zip 02878	City	State
Secretary Name SCOTT C. NEVILLE		Treasurer Name MANFRED WILNER		
Street Address 255 LEPES ROAD		Street Address 33 ORCHARD VIEW ROAD		
City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI
				Zip 02871
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 LARRY A. HELD		Director Name		
Street Address 28 HILTON ST		Street Address		
City TIVERTON	State RI	Zip 02878	City	State
Director Name SCOTT C. NEVILLE		Director Name MANFRED WILNER		
Street Address 255 LEPES ROAD		Street Address 33 ORCHARD VIEW ROAD		
City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI
				Zip 02871
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: _____

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FILED

MAY 21 2012

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.

Scott C. Neville 5/15/12
 Signature of Officer Date

SCOTT C. NEVILLE
 Print or Type Name of Officer

SECRETARY
 Title of Officer