



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/business

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. 30537		2. Exact name of the Corporation Woonsocket Congregation of Jehovah's Witnesses inc			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 33 Fabien Street		City Woonsocket		State R.I.	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Girard			Vice-President Name none		
Street Address 8 Blackstone Street			Street Address		
City Blackstone	State M.A.	Zip 01504	City	State	Zip
Secretary Name Robert Neri			Treasurer Name Freddie Harris		
Street Address 124 Darwin Street			Street Address 33 Fabien Street		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Charles Girard			Director Name Freddie Harris		
Street Address 8 Blackstone Street			Street Address 33 Fabien Street		
City Blackstone	State M.A.	Zip 01504	City Woonsocket	State R.I.	Zip 02895
Director Name Robert Neri			Director Name None		
Street Address 124 Darwin Street			Street Address		
City Woonsocket	State R.I.	Zip 02895	City	State	Zip
8. 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

FILED

JUN 07 2012

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.

1035

Signature of Officer *Freddie Harris* Date *6/5/12*

Freddie Harris

Print or Type Name of Officer

Treasurer

Title of Officer