



**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. <b>67467</b>		2. Exact name of the Corporation <b>Jehovah's WITNESSES OF PROVIDENCE, HOUSTON VIEW CONGREGATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>RELIGIOUS</b>			
5. Principal office address <b>191 GALLATIN ST</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES). (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
President Name <b>RICKY BARBER</b>			Vice-President Name		
Street Address <b>193 PENCE ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>KENNETH B SMITH</b>			Treasurer Name <b>DAVIA CHUN</b>		
Street Address <b>191 GALLATIN ST</b>			Street Address <b>1 JASPAR ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name <b>RICKY BARBER</b>			Director Name <b>DAVIA CHUN</b>		
Street Address <b>193 PENCE ST</b>			Street Address <b>1 JASPAR ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>KENNETH B SMITH</b>			Director Name		
Street Address <b>191 GALLATIN ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**JUN 21 2012**

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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.

*Kenneth B. Smith*  
 Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**KENNETH B. SMITH** **6.20.12**  
 Print or Type Name of Officer \_\_\_\_\_

**SECRETARY**  
 Title of Officer \_\_\_\_\_