

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 2013

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.	2. Exact na	me of the Corporation					
69892	E .	PAWTUCKET SPANISH CONGREGATION OF JEHOVAH'S WITNESSES INCORPORATED					
3. State of Incorporation RHODE ISLAND	Congre	Brief description of the character of business conducted in Rhode Island Congregate for the study of the Bible. Provide free Bible base educational programs in the community.					
5. Principal office address 17 England Street			City Cumberland	State RI	Zip 02864-7613		
5			:				
President Name Eryant Adorno	· · · · - · · · · -			Vice-President Name William E Welch			
Street Address 17 England Street	dress Street Address		n St Unit 26m				
City Cumberland	State RI	Zip 02864-7613	City North Attleboro	State MA	Zip 02760-2397		
Secretary Name Leo G Precourt			Treasurer Name Alejandro Rodríguez				
Street Address 12 Manchester ST #3			Street Address 22 Thornton St #2				
City Attleboro	State MA	Zip 02703-3819	City Pawtucket	State RI	Zip 02860-5314		
Director Name Bryant Adorno	**-**		Director Name William E Welch		,,		
reet Address 7 England St		Street Address 300 East Washington St Unit 26m					
City	State	Zip	City	State	Zip		
Cumberland	RI	02864-7613	North Attleboro	MA	02760-2397		
rector Name eo G Precourt		Director Name Jeremías Mejía					
			Street Address 27 Leroy St				
Leo G Precourt Street Address 12 Manchester St #3							
Director Name Leo G Precourt Street Address 12 Manchester St #3 City Attleboro	State MA	Zip 02703-3819		State MA	Zip 02703-2347		

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

	5 0 5 0	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.	
	FILED	69-	06-02-13
	JUN 1 0 2013	Signature of Officer	Date
<u> </u>	JUN JU ZUIJ	Bryant Adorno	
<u>**</u>	// 2)	Print or Type Name of Officer	
Form No. 631	1/0	President	
Revised: 05/2012		Title of Officer	