



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. <u>74584</u>		2. Exact name of the Corporation <u>PARKVIEW - PROVIDENCE, RI CONGREGATION OF JEHOVAH'S WITNESSES INC.</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>OPERATE A PLACE OF WORSHIP FOR JEHOVAH'S WITNESSES AND INTERESTED PERSONS. HOLD TITLE TO real estate Property for above stated purpose</u>	
5. Principal office address <u>448 Niantic Ave, Providence RI 02910</u>		City <u>Providence Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Wendell Smith</u>		Vice-President Name <u>Richard Hardy</u>	
Street Address <u>90 Hall St</u>		Street Address <u>73 Armington St</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02905</u>	
Secretary Name <u>Michael Washington</u>		Treasurer Name <u>Clark A. Murray SR</u>	
Street Address <u>448 Niantic Ave</u>		Street Address <u>8 Gale CT</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02904</u>	
7. 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 <u>Wendell Smith</u>		Director Name <u>Michael Washington</u>	
Street Address <u>90 Hall St</u>		Street Address <u>448 Niantic Ave</u>	
City <u>E. Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02910</u>	
Director Name <u>Clark A. Murray SR</u>		Director Name	
Street Address <u>8 Gale CT</u>		Street Address	
City <u>North Providence</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		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

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.

Signature of Officer

07/19/13  
Date

Print or Type Name of Officer

Title of Officer

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