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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 2014

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 name of the Corporation
111364	TREASURES OF TRUTH MINISTRIES
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	SPIRITUAL ARTICLES

5. Principal office address	City	State	Zip
284 CENTENNIAL ST.	BURRILLVILLE	R.I.	02859

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ROBERT R. WOODS	SAMSON R. WOODS
Street Address: 284 CENTENNIAL ST.	Street Address: 284 CENTENNIAL ST.
City: BURRILLVILLE State: R.I. Zip: 02859	City: BURRILLVILLE State: R.I. Zip: 02859
Secretary Name: DESTINY RACHEL SPERDUTI	Treasurer Name:
Street Address: 35 COYLE ST.	Street Address:
City: WARWICK State: R.I. Zip: 02886	City: State: Zip:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
ROBERT R. WOODS	LUCILLE SPERDUTI
Street Address: 284 CENTENNIAL ST.	Street Address: 35 COYLE ST.
City: BURRILLVILLE State: R.I. Zip: 02859	City: WARWICK State: R.I. Zip: 02886
Director Name: SAMSON R. WOODS	Director Name: DESTINY RACHEL SPERDUTI
Street Address: 284 CENTENNIAL ST.	Street Address: 35 COYLE ST.
City: BURRILLVILLE State: R.I. Zip: 02859	City: WARWICK State: R.I. Zip: 02886

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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 13 2014
1519
BY

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.

Robert R. Woods 6/12/14
Signature of Officer or Authorized Representative Date

ROBERT R. WOODS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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