RI SOS Filing Number: 201443303220 Date: 07/29/2014 4:00 PM

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
161247	True Victory Apostolic Church of Deliverance
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Church services, bible Education

5. Principal office address	City	State	Zip
147 Kebekah st.	Woonsocket	RI	02895

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

President Name	Vice-President Name
Pastor William H. Nared	Evangelist Stella Nared
Street Address: 147 Kebekah st	Street Address: 147 Kebekah st.
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Secretary Name	**Treasurer Name**
Sister Tyhesha Nared	Sister Jackie Johnson
Street Address: 182 Cumberland st.	Street Address:
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895

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
Pastor William Nared	Sister Tyhesha Nared
Street Address: 147 Kebekah st	Street Address: 182 Cumberland st
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Director Name: Evangelist Stella Nared	Director Name:
Street Address: 147 Kebekah st	Street Address:
City: Woonsocket State: RI 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, duly Authorized Representative, Receiver or Trustee

SECRETARY OF STATE CORPORATIONS DIV. 2014 JUL 28 PM 1:17

FILED

File Date JUL 28 2014
Check No
By: BY
FOR SECRETARY OF STATE USE ONLY

29.229288

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.

Stella Nared 7/28/14
Signature of Officer or Authorized Representative Date

Co-pastor/Vice President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
109599-1-932497