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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 2015

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.**

2015 MAY 18 AM 11:04 SECRETARY OF STATE CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation
117385	Truth Tabernacle United Pentecostal Church Inc
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	(Religious) 542 Potters Ave

5. Principal office address	City	State	Zip
542 Potters Ave	Providence	RI	02907

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

President Name	Vice-President Name
John Owens	
Street Address: 64 Longue Vue Ave	Street Address:
City: N. Prov / State: RI / Zip: 02904	City: / State: / Zip:
Secretary Name: Betty Crawford	**Treasurer Name:** Gail Ericksson
Street Address: 63 Summit St	Street Address: 275 Snake Hill Rd
City: E. Prov / State: RI / Zip: 02914	City: N Scituate / State: RI / Zip: 02857

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
David Britto	Paul Britto
Street Address: 36 Tognseth ~~Dr~~ Rd	Street Address: 28 Grosvenor Ave
City: Prov / State: RI / Zip: 02910	City: Pawt. / State: RI / Zip: 02860
Director Name: Gail Ericksson	**Director Name:**
Street Address: 275 Snake Hill Rd	Street Address:
City: N Scituate / State: RI / Zip: 02857	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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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MAY 18 2015 11:04
BY 249128

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 or Authorized Representative — Date: 5-18-15

John Owens
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 06/2014
120980-1030853