



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.

1. Entity ID No. 74584		2. Exact name of the Corporation Parish view - Providence, R.I. Congregation of Jehovah witnesses inc	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island operate a place of worship for Jehovah's witnesses and interested persons Hold title to real estate Property for the above stated purpose.	
5. Principal office address 448 Niantic Ave		City Cranston	State RI
		Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Wendell Smith		Vice-President Name Richard Hardy	
Street Address 90 Hall st		Street Address 73 Armington st	
City East Providence	State RI	City Cranston	State RI
Zip 02914		Zip 02905	
Secretary Name Joseph Bowman		Treasurer Name Michael Washington	
Street Address 18 Eddy st		Street Address 50 Rutherfordkn Ave	
City North Providence	State RI	City Providence	State RI
Zip 02911		Zip 02907	
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 Wendell Smith		Director Name Richard Hardy	
Street Address 90 Hall st		Street Address 73 Armington st	
City East Providence	State RI	City Cranston	State RI
Zip 02914		Zip 02905	
Director Name Marcelo Canales		Director Name	
Street Address 222 Eldridge st		Street Address	
City Cranston	State RI	City	State
Zip 02910		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.			

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 SECRETARY OF STATE
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____ **FILED** ✓
 Check No _____ **DEC 03 2015**
 By: _____
 FOR SECRETARY OF STATE USE ONLY **OK 262486**

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 _____ **10-30-15** Date
Joseph Bowman
 Print or Type Name of Officer or Authorized Representative