



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000029125

2. Name of Corporation WAKEFIELD CONGREGATION OF JEHOVAH'S WITNESSES,
SOUTH KINGSTOWN, RHODE ISLAND, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1087 TUCKERTOWN ROAD

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SERVICES BIBLE DISCUSSIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BENJAMIN BRAYTON	681 KINGSTOWN RD. APT 224 WAKEFIELD, RI 02879 USA
TREASURER	JEFFREY BURGESS	48 SLAISBURY AVE NO. KINGSTOWN, RI 02852 USA

SECRETARY	KEITH FAGE	1175 KINGSTOWN RD WAKEFIELD, RI 02879 USA
DIRECTOR	KEITH FAGE	1175 KINGSTOWN ROAD PEACE DALE, RI 02883 USA
DIRECTOR	JEFFREY BURGESS	48 SALISBURY AVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BENJAMIN BRAYTON	681 KINGSTOWN RD APT 224 WAKEFIELD, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BENJAMIN BRAYTON 681 KINGSTOWN ROAD, APT 224 WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of June, 2016 at 9:41:39 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By KEITH FAGE
Signature of Authorized Person

Form No. 631
Revised 09/07