



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 JUL 19 AM 11:30

1. Entity ID Number <u>117385</u>		2. Exact name of the Corporation <u>Truth Tabernacle United Pentecostal Church Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious</u>	
5. Principal Office Address <u>542 POTTERS AVE</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>John Owens</u>		Vice-President Name	
Street Address <u>64 LONGVIEW AVE</u>		Street Address	
City <u>N. Providence</u>	State <u>RI</u>	City	State
Zip <u>02904</u>	Zip		
Secretary Name <u>Betty Crawford</u>		Treasurer Name <u>Gail Erickson</u>	
Street Address <u>63 Summit St.</u>		Street Address <u>275 Snake Hill Rd</u>	
City <u>E. Providence</u>	State <u>RI</u>	City <u>N. Scituate</u>	State <u>RI</u>
Zip <u>02914</u>	Zip <u>02857</u>		
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>David Britto</u>		Director Name <u>Paul Britto</u>	
Street Address <u>36 TOWANSETT Rd.</u>		Street Address <u>28 GROSVENOR AVE.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02910</u>	Zip <u>02860</u>		
Director Name <u>Lydia Mason</u>		Director Name	
Street Address <u>209 East St</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>	Zip		
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>John Owens</u>			Date <u>7-19-16</u>
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT HERE			

FILED

JUL 19 2016

BY 279376

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov