



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

Annual Report for the year:

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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1. Entity ID Number 00002430		2. Exact name of the Corporation ELMHURST CONGREGATION of Jehovah's WITNESSES, INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Instruction/Bible Instruction	
4. NAICS Code 813110			
6. Principal Office Address 536 Great Road		City LINCOLN	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name J Boyd Pina		Vice-President Name	
Street Address 985 Charles ST		Street Address	
City North Providence	State RI	Zip 02904	
Secretary Name Joshua Swanson		Treasurer Name	
Street Address 34 Wjai Blvd		Street Address	
City North Providence	State RI	Zip 02904	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Timothy Toth		Director Name William Sharpe	
Street Address 70 Henry Ave		Street Address 4 Sebille Rd	
City Central Falls	State RI	Zip 02863	
Director Name Tim Buckman		Director Name Clark Murray	
Street Address 54 Fisher St		Street Address 8 Hale Court	
City Franklin	State MA	Zip 02038	
		City North Providence	State RI
		Zip 02904	
9. 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 Joshua Swanson		Date 6/5/2017	
Signature of Officer/Authorized Representative <i>Joshua Swanson</i>		FILED	

JUN 05 2017
BY *[Signature]* 305173
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