RI SOS Filing Number: 201749148930 Date: 9/5/2017 4:00:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OfÀce 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 2017

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: Park View - Providence, RI 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 ofÀce address: 448 Niantic Ave, City: Cranston, State: RI, Zip: 02910

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) [ ]

President Name	Vice-President Name
Wendell Smith	Richard Hardy
Street Address: 90 Hall St	Street Address: 73 Armington St
City: East Providence, State: RI, Zip: 02914	City: Cranston, State: RI, Zip: 02905
Secretary Name	**Treasurer Name**
Joseph Bowman	Kevin Caliste
Street Address: 18 Eddy St	Street Address: 312 Park Ave
City: North Providence, State: RI, Zip: 02911	City: Cranston, State: RI, Zip: 02905

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
Wendell Smith	Richard Hardy
Street Address: 90 Hall St	Street Address: 73 Armington St
City: East Providere, State: RI, Zip: 02914	City: Cranston, State: RI, Zip: 02905
Director Name	**Director Name**
Kevin Caliste	
Street Address: 312 Park Ave	Street Address:
City: Cranston, State: RI, Zip: 02905	City: , State: , Zip:

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the OfÀce of the Secretary of State. Changes require Áling Form 641.

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

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Check No:

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BY 311638

Under penalty of perjury I declare and afÀrm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Signature of OfÀcer or Authorized Representative — Date

Joseph Bowman
Print or Type Name of OfÀcer or Authorized Representative