RI SOS Filing Number: 201867623090 Date: 5/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

MAY 2 9 2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of	the Corporation	action of Tohovah	& WITHES	7.8.5
29125	2. Exact pame of the Corporation Wake field Congregation of Jehovah's WiThesses. South Kings Town, Rhude Island. IVC.				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
P.I.					
4. NAICS Code]				
8/3/10	Religi	ous Orga	nization		
6. Principal Office Address Tuel	Vertown_	1	City	State	Zip
1087 7	To	/.	Wake Field	/ <u>۲</u> .	02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Boy jamin Brayton			Vice-President Name		
Street Address COI KINGSTOWN Rd apt 224			Street Address		
City Wake field		Zip 02879	City	State	Zip
Secretary Name Kohneth Doile Voyles			Treasurer Name Jeffey Burgoss		
Street Address South County Trail			Street Address 48 Sal1 shury ave		
City West Ringston	Stafe PD	C2892	No. Kings Town	State R	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Konneth DV aylos			Director Name, Bray Toy		
Street Address South County Trail			Street Address King STOWN Rd Apt 224		
		<u>/</u>	681 KINGSLOWA	ord spr	227
	unty Trail	/ 	City Wark Fold	State T	2ip 02879
City Wast Mingston Director Name	State RI	Zip 02892	G81 Kingslown	T	,
City Was T Mings Ton Director Name Street Address Street Address	State RI	1 2ip 02892	CHY KINGSIOWN	T	,
City West Alngston Director Name Street Address 48 Salisbur	State RI	Zip C2892 Zip O2892	City Warks For M Director Name	T	,
City West Ringston Director Name Street Address City Was T Ringston Director Name Street Address City But G City Ro, Kingstown	State RT	02842 Zip 02852	City Walk Full Director Name Street Address	State State	Zip O2879 Zip
City Was T Aings Ton Director Name Street Address City No. Kings Town 9. Registered Agent in Rhode Islan	State RT. State RT. State RT. State RT. Id. This information is re and affirm that	Zip 2852 currently of record	City Director Name Street Address City in the Department of State. Changes rectable report, including any accomp	State State State quire filing Form 641.	Zip O2879
City Was T Rings Ton Director Name Street Address City Roy Burg Street Address 9 Registered Agent in Rhode Islan Under penalty of perjury, I declastatements, and that all statements	State PL State PL State PL Id. This information is re and affirm that into contained here	Zip O2892 currently of record have examined ain are true and	City Director Name Street Address City in the Department of State. Changes rectable report, including any accomp	State State quire filing Form 641.	Zip Zip Zip
City Was T Rings Ton Director Name Street Address City Roy Burg Street Address 9 Registered Agent in Rhode Islan Under penalty of perjury, I declastatements, and that all statements	State R. I. State	Zip O2892 currently of record have examined ain are true and	City Director Name Street Address City in the Department of State. Changes recorrect.	State State quire filing Form 641.	Zip Zip Zip
City Was Taly Bury Street Address Street Address City No. Kings Tawn 9. Registered Agent in Rhode Islan Under penalty of perjury, I decla statements, and that all statements. This report must be signed by either the Present and the statements.	State R. I. State	Zip O2892 currently of record have examined ain are true and	City Director Name Street Address City in the Department of State. Changes recorrect.	State State State Quire filing Form 641. panying schedule thve, Receiver or Truste.	Zip Zip Zip
City Was T Rings Ton Director Name Street Address Street Address City No. Kings Town 9. Registered Agent in Rhode Islan Under penalty of perjury, I declastatements, and that all statements to signed by either the Presentation of Officer/Authorized Representations.	State R. L. State R. State	Zip O2892 currently of record have examined ain are true and	City Director Name Street Address City in the Department of State. Changes recthis report, including any accommonrect. Treasurer, duly Authorized Representations.	State State State Quire filing Form 641. panying schedule thve, Receiver or Truste.	Zip Zip Zip

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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