



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

FILED *OK*

Annual Report for the year: 2018
 Non-Profit Corporation

MAY 29 2018

BY 2947

- 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 29125		2. Exact name of the Corporation Wakefield Congregation of Jehovah's Witnesses, South Kingstown, Rhode Island, INC.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		Religious Organization			
6. Principal Office Address 1087 1/2 Tucker Town Rd.		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Benjamin Brayton		Vice-President Name _____			
Street Address 601 Kingstown Rd apt 224		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Kenneth Dale Voyles		Treasurer Name Jeffery Burgess			
Street Address 2801 South County Trail		Street Address 48 Salisbury ave			
City West Kingstown	State RI	Zip 02892	City No. Kingstown	State RI	Zip 02852
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 Kenneth D. Voyles		Director Name Benjamin Brayton			
Street Address 2801 South County Trail		Street Address 601 Kingstown Rd apt 224			
City West Kingstown	State RI	Zip 02892	City Wakefield	State RI	Zip 02879
Director Name Jeffery Burgess		Director Name _____			
Street Address 48 Salisbury Ave.		Street Address			
City No. Kingstown	State RI	Zip 02852	City	State	Zip
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 Benjamin Brayton				Date 5/23/18	
Signature of Officer/Authorized Representative <i>Ben Brayton</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov