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

FILED
MAY 29 2018
BY 2947

Annual Report for the year: 2018
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.

1. Entity ID Number	2. Exact name of the Corporation
29125	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	City	State	Zip
1087 Tuckertown Rd.	Wakefield	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Benjamin Brayton	
Street Address: 681 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 Kingston, 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 ☐

Director Name	Director Name
Kenneth D. Voyles	Benjamin Brayton
Street Address: 2801 South County Trail	Street Address: 681 Kingstown Rd apt 224
City: West Kingston, 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	Date
Benjamin Brayton	5/23/18

Signature of Officer/Authorized Representative: Ben Brayton — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2017