RI SOS Filing Number: 201867777810 Date: 5/30/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 MAY 30 PM 2: 11

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.						
1. Entity ID Number	2. Exact name of the Corporation					
16/247	True Victory 17 postolic Church of Leliverance					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	I de al airea la lala dal catina					
4. NAICS Code	church services, bible Education					
424190	<u></u>					
6. Principal Office Address	-1		City	. 1	State	Zip
147 Kelzekah S	<u>5t.</u>		Hwansoch	(let	时	62845
7. List ALL officers (names and add		Chec	ck the box to indicat	e an attachment		
President Name William H. Naved			Vice-President Name St Stella Naved			
Street Address EDEKAL St.			street Address ebekah St.			
i wan socket	State 12+	282895	Woonsock	어	State	Z19603895
Secretary Name————————————————————————————————————	Nared		Ireasurer Name	vared		
Street Address 147 KelDekah St.			streetAddress Lebekah St.			
Wca socket	State と土	2°23895		kef	State PI	<sup>2</sup> 62895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Prestor Name William Nared			Director Name EVGVGel1St Stella Named			
Street Address Rebekah St.			Street Address Dehekah St.			
l'ansacket	State	zib2895	MOONSOO	(et	State	Zip 2806
Sister Sherice Rosado			Director Name			
Street Address Cumberland hill Rd			Street Address			
swoonsocket	State	zig 2895	City		State	Zip
9. Registered Agent in Rhode Island	d. This information i		in the Department of Sta	ite. Changes requ	uire 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	1.CY
CVANGELIST HELD LARED					国 3 3	0110
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE FILED						
MAIL TO:		<u> </u>	M	AY 3 0 2018	.0	<u> </u>

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov gr 331618

FORM 631 - Revised: 11/2017