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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 MAY 30 PM 2:11

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
161247	True Victory Apostolic Church of Deliverance
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church services, bible Education
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
147 Rebekah st.	Woonsocket	RI	02895

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

President Name	Vice-President Name
Pastor William H. Nared	Evangelist Stella Nared
Street Address: 147 Rebekah st	Street Address: 147 Rebekah st.
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Secretary Name	**Treasurer Name**
Sister Tyhesha Nared	Tyrone Nared
Street Address: 147 Rebekah st.	Street Address: 147 Rebekah st.
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895

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
Pastor William Nared	Evangelist Stella Nared
Street Address: 147 Rebekah st.	Street Address: 147 Rebekah st.
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Director Name: Sister Sherice Rosado	Director Name
Street Address: 182 Cumberland hill Rd.	Street Address
City: Woonsocket State: RI Zip: 02895	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: Evangelist Stella Nared
Date: 5/30/18
Signature of Officer/Authorized Representative: Stella Nared SIGN DOCUMENT HERE

FILED
MAY 30 2018
331618

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: 11/2017