



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 15 AM 10:32

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 117385		2. Exact name of the Corporation Truth Tabernacle United Pentecostal Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813990		Religious Church	
6. Principal Office Address 542 POTTERS AVE		City PROV	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John OWENS		Vice-President Name	
Street Address 552 POTTERS AVE		Street Address	
City PROV	State RI	Zip 02907	
Secretary Name Betty Crawford		Treasurer Name Gail Ericksson	
Street Address 63 Summit St.		Street Address 275 Snakehill Rd	
City E. PROV	State RI	Zip 02914	City N. SCITUATE
			State RI
			Zip 02857
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 Davis Britto		Director Name PAUL Britto	
Street Address 36 TOGANSETH Rd		Street Address 28 CROSVENOR AVE.	
City PROV	State RI	Zip 02910	City PAWT
			State RI
			Zip 02860
Director Name Lydia MASON		Director Name	
Street Address 209 EAST ST.		Street Address	
City PAWT	State RI	Zip 02860	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative John OWENS			Date 6-16-18
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

JUN 15 2018

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 BY *[Signature]*