



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>000117385</u>		2. Exact name of the Corporation <u>Truth Tabernacle United Pentecostal Church Inc.</u>		2021 JUN -8 P 1:51	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>542 POTTERS AVE.</u>		City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: ☐					
President Name <u>John OWENS</u>			Vice-President Name		
Street Address <u>552 POTTERS AVE</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name <u>Betty Crawford</u>			Treasurer Name <u>Gail Erickson</u>		
Street Address <u>63 Summit St</u>			Street Address <u>275 Snakehill Rd</u>		
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>N. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>DAVID BRITTO</u>			Director Name <u>KATHLEEN OWENS</u>		
Street Address <u>36 TOGAUSETT RD</u>			Street Address <u>552 POTTERS AVE</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>JACQUIE BRITTO</u>			Director Name <u>LYDIA MASON BROOKS</u>		
Street Address <u>36 TOGAUSETT RD</u>			Street Address <u>209 EAST ST.</u>		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>PAWUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>JOHN D. OWENS</u>					Date <u>6-8-21</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

FILED

JUN 08 2021

BY CHETN2J