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.

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BUS SVCS DIV
2021 JUN -8 P 1:51

1. Entity ID Number	2. Exact name of the Corporation
000117385	Truth Tabernacle United Pentecostal Church Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
542 Potters Ave.	Prov.	RI	02907

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

President Name	John Owens	Vice-President Name	
Street Address	552 Potters Ave	Street Address	
City / State / Zip	Prov / RI / 02907	City / State / Zip	
Secretary Name	Betty Crawford	Treasurer Name	Gail Ericksson
Street Address	63 Summit St	Street Address	275 Snakehill Rd
City / State / Zip	E. Prov / RI / 02914	City / State / Zip	N. Scituate / RI / 02857

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	David Britto	Director Name	Kathleen Owens
Street Address	36 Togasett Rd	Street Address	552 Potters Ave
City / State / Zip	Prov / RI / 02910	City / State / Zip	Prov / RI / 02907
Director Name	Jacquie Britto	Director Name	Lydia Mason Brooks
Street Address	36 Togasett Rd	Street Address	209 East St.
City / State / Zip	Prov. / RI / 02910	City / State / Zip	Pawtucket / RI / 02860

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: John D. Owens — Date: 6-8-21

Signature of Officer/Authorized Representative

FILED
JUN 08 2021
BY CRETN2J

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: 08/2020