



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 14 2021

BY 153
QA

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.

1. Entity ID Number 000030537		2. Exact name of the Corporation Woonsocket Congregation of Jehovah's Witnesses inc.					
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Religious Ministry					
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>							
6. Principal Office Address 33 Fabien Street				City Woonsocket		State R.I.	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Charles Girard				Vice-President Name none			
Street Address 1 Tupperware Drive unit 126				Street Address			
City North Smithfield		State R.I.	Zip 02896		City		State
Secretary Name Robert Neri				Treasurer Name Freddie Harris			
Street Address 124 Darwin Street				Street Address 33 Fabien Street			
City Woonsocket		State R.I.	Zip 02895		City Woonsocket		State R.I.
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 Charles Girard				Director Name Freddie Harris			
Street Address 1 Tupperware Drive unit 126				Street Address 33 Fabien Street			
City North Smithfield		State R.I.	Zip 02896		City Woonsocket		State R.I.
Director Name Robert Neri				Director Name			
Street Address 124 Darwin Street				Street Address			
City Woonsocket		State R.I.	Zip 02895		City		State
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.							
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</small>							
Name of Officer/Authorized Representative Freddie Harris , Treasurer					Date June 4, 2021		
Signature of Officer/Authorized Representative <i>Freddie Harris</i>							

MAIL TO:
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 Website: www.sos.ri.gov