

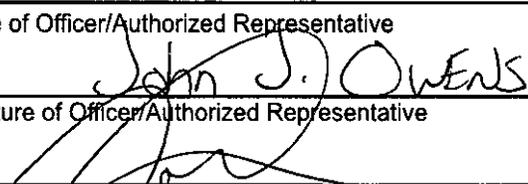


Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAR 16 P 1:43

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000117385</u>		2. Exact name of the Corporation <u>Truth TABERNACLE (United) Pentecostal Church Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>Religious</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 <input type="checkbox"/>
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>275 Crofto Ave #7</u>		Street Address <u>275 Snakehill Rd.</u>			
City <u>Pawt.</u>	State <u>RI</u>	Zip <u>02860</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 <input type="checkbox"/>
Director Name <u>David Britto</u>		Director Name <u>Kathleen Owens</u>			
Street Address <u>36 Togansett 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>Jacque Britto</u>		Director Name <u>Lydia Mason Brooks</u>			
Street Address <u>36 Togansett Rd.</u>		Street Address <u>209 East St.</u>			
City <u>Prov</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Pawt.</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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>John J. Owens</u>				Date <u>3-16-23</u>	
Signature of Officer/Authorized Representative 				FILED	

MAR 16 2023
 BY MLZTWXR