



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 MAR 30 A 11:21

1. Entity ID Number 161247		2. Exact name of the Corporation True Victory Apostolic Church of Deliverance	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church services, bible Education	
4. NAICS Code 624190			
6. Principal Office Address 395 Mendon Rd.		City NorthSmithfield	State RI
		Zip 02894	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pastor William H. Nared		Vice-President Name Evangelist Stella Nared	
Street Address 395 Mendon Rd.		Street Address 395 Mendon Rd.	
City NorthSmithfield	State RI	City NorthSmithfield	State RI
Zip 02894		Zip 02894	
Secretary Name Tyhesha Nared		Treasurer Name Stella Nared	
Street Address 147 Bebekah St.		Street Address 395 Mendon Rd.	
City Woonsocket	State RI	City NorthSmithfield	State RI
Zip 02895		Zip 02894	
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 Pastor William H. Nared		Director Name Evangelist Stella Nared	
Street Address 395 Mendon Rd.		Street Address 395 Mendon Rd.	
City NorthSmithfield	State RI	City NorthSmithfield	State RI
Zip 02894		Zip 02894	
Director Name Sister Tyhesha Nared		Director Name	
Street Address 147 Bebekah St.		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		Zip	
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 Evangelist Nared		Date 3/30/23	
Signature of Officer/Authorized Representative <i>Stella Nared</i>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 30 2023

BY MC

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