



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2022
 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.

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1. Entity ID Number <u>161247</u>		2. Exact name of the Corporation <u>True Victory Apostolic Church of Deliverance</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church services, bible Education</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>395 Mendon Rd.</u>			City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</u>
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Pastor William H. Nared</u>			Vice-President Name <u>Evangelist Stella Nared</u>		
Street Address <u>395 Mendon Rd.</u>			Street Address <u>395 Mendon Rd.</u>		
City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</u>
Secretary Name <u>Tyhesha Nared</u>			Treasurer Name <u>Stella Nared</u>		
Street Address <u>147 Reberah St.</u>			Street Address <u>395 Mendon Rd.</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</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>Pastor William H. Nared</u>			Director Name <u>Evangelist Stella Nared</u>		
Street Address <u>395 Mendon Rd.</u>			Street Address <u>395 Mendon Rd.</u>		
City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>NorthSmithfield</u>	State <u>RI</u>	Zip <u>02896</u>
Director Name <u>Sister Tyhesha Nared</u>			Director Name		
Street Address <u>147 Reberah St.</u>			Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	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.					
<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>Evangelist Nared</u>					Date <u>3/30/23</u>
Signature of Officer/Authorized Representative <u>Stella Nared</u>					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
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