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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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.

1. Entity ID Number 1101247		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 North Smithfield	State RI
		Zip 02896	
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 North Smithfield	State RI	City North Smithfield	State RI
Zip 02896		Zip 02896	
Secretary Name Tyhesha Nared		Treasurer Name Evangelist Stella Nared	
Street Address 147 Keberah St.		Street Address 395 Mendon Rd.	
City Wanssaket	State RI	City North Smithfield	State RI
Zip 02895		Zip 02896	
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 Evangelist Stella Nared		Director Name Sherrice Nared	
Street Address 395 Mendon Rd.		Street Address 105 East Washington Street	
City North Smithfield	State RI	City North Attleboro	State Mass
Zip 02895		Zip 02760	
Director Name Sister Tyhesha Nared		Director Name Pastor William Nared	
Street Address 147 Keberah St.		Street Address 395 Mendon Rd.	
City Wanssaket	State RI	City North Smithfield	State RI
Zip 02895		Zip 02896	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Evangelist Stella Nared			Date 4/25/24
Signature of Officer/Authorized Representative <i>Stella Nared</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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