	State of Rhode Office of the Secreta		ee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
1426	Providence RI 029		
1630	(401) 222-30	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - May	/ 1		
In accordance with R.I.G.L. 7-0 annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. <u>0000</u>	<u>29320</u>		
2. Name of Corporation <u>WA</u> <u>INCORPORATED</u>	RWICK CONGREGATION	N OF JEHOVAH'S WITNESSES,	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
primary type of activity in whi	ch your entity engages. The d on the chosen selection. If	e classification title that describes th box to the right of the dropdown wi the NAICS Code is known, enter it ssification <u>click here.</u>	II
NAICS Code			
<u>813110</u>			
4. Principal Office Address			
No. and Street: 544 LO	NG STREET		
City or Town: WARW		<u>RI</u> Zip: <u>02886</u> Country: <u>US</u>	<u>SA</u>
5. Brief Description of the Ch	naracter of the Affairs Condu	·	
RELIGIOUS MEETINGS			
6. Names and Addresses of	the Officers and Directors:		
	ust be listed individually. Th	ne number of DIRECTORS of a Rho	ode

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM DOUGLAS WEAR JR	62 HEIGHTS AVE WARWICK, RI 02889 USA
PRESIDENT	WILLIAM DOUGLAS WEAR JR	62 HEIGHTS AVE WARWICK, RI 02889 USA
TREASURER	DAVID LEROY HAZARD	311 GREENWICH AVE A PT D101 WARWICK, RI 02886 USA
SECRETARY	MARK ALFRED HOWGATE	59 HEIGHTS AVE WARWICK, RI 02889 USA
DIRECTOR	DAVID LEROY HAZARD	311 GREENWICH AVE APT D101 WARWICK , RI 02886 USA
DIRECTOR	WILLIAM DOUGLAS WEAR JR	62 HEIGHTS AVE WARWICK, RI 02889 USA
DIRECTOR	MARK ALFRED HOWGATE	59 HEIGHTS AVER WARWICK, RI 02889 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WILLIAM DOUGLAS WEAR, JR. 544 LONG STREET WARWICK , RI 02886

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of May, 2024 at 7:36:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>WILLIAM D WEAR JR</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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