|  | State of Rhode<br>Office of the Secreta  |                                | Fee: \$20.00              |
|--|--|--------------------------------|---------------------------|
| HOPE   | Division Of Business<br>148 W. River S<br>Providence RI 029<br>(401) 222-30  | treet<br>04-2615               |                           |
| Non-Profit Corporation<br>Annual Report<br>Filing Period: February 1 - May 1   |  |                                |                           |
| n accordance with R.I.G.L. 7-6-9<br>eport within the time prescribed<br>\$25.00.   |  |                                |                           |
| ANNUAL REPORT YEAR: 202  | 2  |                                |                           |
| 1. Corporate ID No. 0000   | 27375  |                                |                           |
| 2. Name of Corporation <u>NEV</u><br>INCORPORATED  | WPORT CONGREGATION   | OF JEHOVAH'S WI                | <u>FNESSES,</u>           |
| 3. State of Incorporation  |  |                                |                           |
| State: <u>RI</u>   |  |                                |                           |
|  | ARTICLE III  |                                |                           |
| Using the dropdown labeled NA<br>of activity in which your entity er<br>based on the chosen selection.<br>assistance with selecting a clas | ngages. The box to the right of the head of the name o | ne dropdown will populat       | e a NAICS Code            |
| NAICS Code<br>813110   |  |                                | $\checkmark$              |
| 4. Principal Office Address  |  |                                |                           |
| No. and Street: <u>36 HILLS</u><br>City or Town: <u>NEWPO</u>  | SIDE AVENUE<br>RT State  | e: <u>RI</u> Zip: <u>02840</u> | Country: <u>USA</u>       |
| 5. Brief Description of the Cha  | aracter of the Affairs Conduc  | ted in Rhode Island            |                           |
|  |  |                                |                           |
| RELIGIOUS  |  |                                |                           |
| 6. Names and Addresses of th   | e Officers and Directors:  |                                |                           |
| All Directors and Officers mu<br>Corporation shall not be less   |  | number of DIRECTOR             | S of a Rhode Island       |
| Title  | Individual Name  | Addı                           | ress                      |
| SECRETARY  | First, Middle, Last, Suffix DOUGLAS B EADIE  | Address, City or Town, S       |                           |
|  |  | MIDDLETOWN,                    | APPING RD<br>RI 02842 USA |

| 11   | DANIEL BRIDGES                 | 5 THURSTON AVENUE<br>NEWPORT, RI 02840 USA    |  |  |
|--|--------------------------------|---|--|--|
| DIRECTOR   | DOUGLAS B EADIE                | 1353 WAPPING RD<br>MIDDLETOWN, RI 02842 USA   |  |  |
| DIRECTOR   | DANIEL BRIDGES                 | 5 THURSTON AVE<br>NEWPORT, RI 02840 USA       |  |  |
| DIRECTOR   | JAMES GREEN JR                 | 21 ROSEDALE COURT<br>MIDDLETOWN, RI 02842 USA |  |  |
| <ul> <li>7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER<br/>Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78</li> <li><u>DOUGLAS EADIE 1353 WAPPING ROAD MIDDLETOWN</u>, RI 02842</li> <li>8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.</li> <li>Signed this 1 Day of March, 2022 at 1:57:53 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.</li> <li>By <u>DOUGLAS B EADIE</u><br/>Signature of Authorized Person</li> </ul> |                                |   |  |  |
| By <u>DOUGLAS B EADIE</u><br>Signature of Authorized P   | ectronic filing, in compliance |   |  |  |