

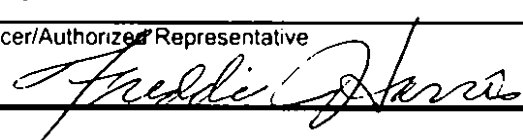


State of Rhode Island  
**Department of State - Business Services Division**

**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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 162

1. Entity ID Number <b>000030537</b>		2. Exact name of the Corporation <b>Woonsocket Congregation of Jehovah's Witnesses inc.</b>					
3. State of Incorporation <b>12-09-1954</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious</b>					
4. NAICS Code <b>813110 - Religious Organizati</b> <input type="checkbox"/>							
6. Principal Office Address <b>33 Fabien Street</b>				City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Charles Girard</b>				Vice-President Name <b>None</b>			
Street Address <b>1 Tupperware Drive</b>				Street Address			
City <b>North Smithfield</b>	State <b>R.I.</b>	Zip <b>02896</b>	City	State	Zip		
Secretary Name <b>French M. Barton SR.</b>				Treasurer Name <b>Freddie Harris</b>			
Street Address <b>35 Fabien Street</b>				Street Address <b>33 Fabien Street</b>			
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>		
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Charles Girard</b>				Director Name <b>French M. Barton SR.</b>			
Street Address <b>1 Tupperware Drive</b>				Street Address <b>35 Fabien Street</b>			
City <b>North Smithfield</b>	State <b>R.I.</b>	Zip <b>02896</b>	City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>		
Director Name <b>Freddie Harris</b>				Director Name <b>None</b>			
Street Address <b>33 Fabien Street</b>				Street Address			
City <b>Woonsocket</b>	State <b>R.I.</b>	Zip <b>02895</b>	City	State	Zip		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
<b>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.</b>							
<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 <b>Freddie Harris</b>					Date <b>3/7/22</b>		
Signature of Officer/Authorized Representative 							

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