



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

FEB 03 2023
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1. Entity ID Number 000030537		2. Exact name of the Corporation Woonsocket Congregation of Jehovah's Witnesses inc.			
3. State of Incorporation R.I 12-09-1954		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 33 Fabien Street		City Woonsocket	State R.I.	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Girard			Vice-President Name none		
Street Address 1 Tupperware Drive			Street Address		
City North Smithfield	State R.I.	Zip 02896	City	State	Zip
Secretary Name French M.Barton sr.			Treasurer Name Freddie Harris		
Street Address 35 Fabien Street			Street Address 33 Fabien Street		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
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 Charles Girard			Director Name French M.Barton sr.		
Street Address 1 Tupperware Drive			Street Address 35 Fabien Street		
City North Smithfield	State R.I.	Zip 02896	City Woonsocket	State R.I.	Zip 02895
Director Name Freddie Harris			Director Name none		
Street Address 33 Fabien Street			Street Address		
City Woonsocket	State R.I.	Zip 02895	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 Freddie Harris				Date 1/28/2023	
Signature of Officer/Authorized Representative <i>Freddie Harris</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov