



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000158578		2. Name of Corporation INTERNATIONAL CENTRAL GOSPEL CHURCH			
3. State of Incorporation MA		4. Corporate address in Rhode Island - Street Address 1619 LONSDALE AVENUE		City LINCOLN	Zip 02865
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS ACTIVITIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DR. MENSA OTABIL			Vice President Name NANA K. DANQUAH		
Street Address C/O P. O. BOX 40456			Street Address P. O. BOX 3416		
City PROVIDENCE	State MA	Zip 02940	City WORCESTER	State MA	Zip 01613
Secretary Name DAVID DANKWA			Treasurer Name FAUSTINA WELLINGTON KOMEY		
Street Address C/O P. O. BOX 40456			Street Address C/O P. O. BOX 40456		
City PROVIDENCE	State MA	Zip 02940	City PROVIDENCE	State MA	Zip 02940
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name DR. MENSA OTABIL			Director Name REV. EMMANUEL OWUSU KYEREKO		
Street Address C/O P. O. BOX 40456			Street Address C/O P. O. BOX 40456		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name REV. MORRIS APPIAH			Director Name NANA K. DANQUAH		
Street Address C/O P. O. BOX 40456			Street Address P. O. BOX 3416		
City PROVIDENCE	State RI	Zip 02940	City WORCESTER	State MA	Zip 01613
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name FAUSTINA WELLINGTON KOMEY			Address 1619 LONSDALE AVENUE		
Address			City LINCOLN	Zip 02865	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	FILED
Check No.	JUN 04 2008
By:	By 01359792
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
NANA K. DANQUAH
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

6/1/08
Date