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.	2. Name of Corporation		
000158578	INTERNATIONAL CENTRAL GOSPEL CHURCH		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
MA	1619 LONSDALE AVENUE	LINCOLN	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
DR. MENSA OTABIL			NANA K. DANQUAH		
Street Address			Street Address		
C/O P. O. BOX 40456			P. O. BOX 3416		
City	State	Zip	City	State	Zip
PROVIDENCE	MA	02940	WORCESTER	MA	01613
Secretary Name			Treasurer Name		
DAVID DANKWA			FAUSTINA WELLINGTON KOMEY		
Street Address			Street Address		
C/O P. O. BOX 40456			C/O P. O. BOX 40456		
City	State	Zip	City	State	Zip
PROVIDENCE	MA	02940	PROVIDENCE	MA	02940

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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			Director Name		
DR. MENSA OTABIL			REV. EMMANUEL OWUSU KYEREKO		
Street Address			Street Address		
C/O P. O. BOX 40456			C/O P. O. BOX 40456		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02940	PROVIDENCE	RI	02940
Director Name			Director Name		
REV. MORRIS APPIAH			NANA K. DANQUAH		
Street Address			Street Address		
C/O P. O. BOX 40456			P. O. BOX 3416		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02940	WORCESTER	MA	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	Address	
FAUSTINA WELLINGTON KOMEY	1619 LONSDALE AVENUE	
Address	City	Zip
	LINCOLN	02865

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

[redacted] 0 0 0 1 5 8 5 7 8 [redacted]

File Date	**FILED**
Check No.	**JUN 04 2008**
By:	**By** 035792

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 — *Date* 6/1/08

NANA K. DANQUAH
Print or Type Name of Officer

[redacted] VICE PRESIDENT
Title of Officer

Form 631 Rev. 12/06