

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

govidence. 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 1D No. 133176	2. Name of Corporation THE REDEE	EMED CHRIS	TIANCHURCHOFG	DD VIGORYHOU	ISE OF PRATE	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address STR			REET	PROVIDENCE	02904	
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 TO PROPAGATE THE DOLTRINE OF CHRISTIANITY, TO PREACHTHE GOSPEL AND TEACH THE MORALS OF JESUS CHRIST 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name MICHAE S. OGUNLEYE			Vice President Name CHRISTIANA FAGBOTE			
Street Address 403 CHARLES ST.			Street Address 403 CHARLES ST			
City PROJIDENCE	State RT	02904	CITY PROVIDENCE		<sup>zip</sup> 02904	
Secretary Name OMODELE OYEDEPO			OLUSINA 7HOMPSON			
Street Address 403 CHARLES ST			Street Address 403 CHARLES ST.			
PROVIDENCE 8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC		State RT BEFORE USING ATTACH BE LESS THAN THREE		
Director Name RAMU JIMOH			Director Name TUNDE AFOLABI			
Sireel Address 403 CHARLES ST			Street Address 403 CHTPLLES ST.			
City PROVIDENCE	State RI	02904	CHY PROVIDENCE	State RI	<sup>Zip</sup> つ2704	
SHILE DLA AKINRINMADE			Director Name			
Sirect Address 403 CHARLES ST			Street Address			
9. REGISTERED AGENT IN  PASTUR MOS	RHODE ISLAND		ES S7. PROJIDENCE.  Changes require filing of Form		6-78	

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

File Date	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.
Check No. JUL 0 1 2009 57:1 Hd 1-70 6002	Signature of Officer Date  OMDELE OFEDERO
FOR SECRETARY OF STATE USE ONLY STATE NOT SHOULD BE SECRETARY OF STATE USE ONLY SHOULD SHOULD BE SECRETARY OF STATE USE ONLY SHOULD BE SECRETARY O	Print or Type Name of Officer  SECKETARY  Tule of Officer
L RECEIVED	Form 631 Rev. 09/17