

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 2010

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. 000/60273	2. Name of Corporation CHR1ST	APOSTOLI	c CHURCH	MIRROR	OF GOD THE
3. State of Incorporation RI	4. Corporate address in R. 189 PAV	oode Island - Street Address	•	PROVIDEN	CE 02905
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip
6. Brief Description of the character TO SPREAD				INISTER TO	THE NEEDY
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
	LUBUNMI	1BITOYE	EVANGLIST	, MRS ROSA	AMOND IBITOTE
189 PAVIL	ION AVE	-	Street Address 189 PAVIL	YON AUE	•
PROVIDENCE	State RI	02905	PROVIDENC	E RI	02905
RICHAR	LA AJU	HAN	BROTHER	JOHN O	YEDELE
Street Address 22 CLIFF	Sī		Street Address 2.55 ±0	IST AUE	APT L
CENTRAL FALL 8. NAMES AND ADDRESSES	State T S OF THE DIRECTOR	249 03-863 S: ("X" BOX FOR ATTAC	LINENT HILLIN SPACE	State RI ES BEFORE USING AT	DASSO
THE NUMBER OF DIRECTOR Director Name	· · · · · · · · · · · · · · · · · · ·	(RHODE ISLAND) C	Director Name		REE (3). R.I.G.L. 7-6-23
DEACONESS Street Address	LOLA H	JUHAN	Street Address	JEREMIAH	THMO YE
23 City	State	Zip _	284 PE	ARCE ST	Zip
CENTRAL FALL Director Name	RI	02863	FALRIVER	MA	02720
MRS FLOR	ZENCE BI	ABATUUDE		MADANE	UZOR
Street Address 90 ALDRICH	+ ST		Street Address All	RICH S	o T
PROVIDENCE	RHODE ISLAND	00905	PROVIDENCE	CE State RI	ZIP 08905
This information is currently	of fecord in the Office	189 PA-V) of the Secretary of State	LION AVE. Changes require filing of	PROVIDENCE Form 641 - R.I.G.L. 7-6-	ERI 09905
This report must	be signed by either th	ne President, Vice Presi	dent, Secretary, Assistan	t Secretary, Treasurer, R	eceiver or Trustee

	Under penalty of perjury, 1 declare and affirm that report, including any accompanying schedules and statements contained herein are true and correct.	
File Date FILED	Signature of Officer Signature Officer Sig	6/1/2010
By:By FOR SECRETARY OF STATE USE SPLY	OE: 2 4d 1- AN Print or Type Name of Officer PASTOR PRE	SIDENT
	Tule of Officer	Form 631 Rev. 09/17