



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 2011**

**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. <b>487079</b>		2. Name of Corporation <b>PURE WORD FOR LIFE BIBLE MINISTRY</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>262 RIVER STREET</b>		City <b>WOONSOCKET</b>	Zip <b>02895</b>
5. Foreign corporation. Enter principal office address <b>NONE</b>			City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>RELIGIOUS, CHARITABLE, BENEVOLENT, EDUCATIONAL AND LITERARY AND TO BRING OTHER INDIVIDUALS INTO A PERSONAL RELATIONSHIP WITH JESUS CHRIST</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>N/A</b>			Vice President Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
Secretary Name <b>JULIUS-I. OMIUNU</b>			Treasurer Name <b>SELINAH AJAYI</b>		
Street Address <b>262 RIVER STREET</b>			Street Address <b>58 HOMER STREET</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
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 <b>JULIUS-I. OMIUNU</b>			Director Name <b>BEATRICE ADEGBESAN</b>		
Street Address <b>262 RIVER STREET</b>			Street Address <b>10 LORETO STREET</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>RUFUS AJAYI</b>			Director Name <b>SELINAH AJAYI</b>		
Street Address <b>58 HOMER STREET</b>			Street Address <b>58 HOMER STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
9. REGISTERED AGENT IN RHODE ISLAND <b>JULIUS-I. OMIUNU, 262 RIVER STREET, WOONSOCKET, RI 02895</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

**FILED**

**JUN 07 2011**

BY **[Signature]** 29-145905

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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]**  
Signature of Officer

**JULIUS-I. OMIUNU**  
Print or Type Name of Officer

**DIRECTOR / SECRETARY**  
Title of Officer

2011 JUN - 7  
6/27/2011