



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>161014</b>		2. Name of Corporation <b>ADONAI OUTREACH MINISTRY INCORPORATED</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>C/O 394 PLAINFIELD STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02909-3710</b>
5. Foreign corporation. Enter principal office address <b>N/A</b>			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>To communicate the whole counsel of God through consecration, inspiration, comfort, strengthening, conviction and action to the community.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>PASTOR FRANKLIN O. OLASANOYE</b>			Vice President Name <b>DEACON FRANCIS OLASANOYE</b>		
Street Address <b>394 PLAINFIELD STREET</b>			Street Address <b>30 LINDEN STREET</b>		
City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02909-3710</b>	City <b>JOHNSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>
Secretary Name <b>SISTER BOLA AWOSIKA</b>			Treasurer Name <b>BROTHER RAPHAEL OKELOLA</b>		
Street Address <b>252 DUDLEY STREET</b>			Street Address <b>2 DEVON STREET</b>		
City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02904</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>BROTHER TAIWO AKINKUOWO</b>			Director Name <b>BROTHER OLUSEGUN AKINRULI</b>		
Street Address <b>726 ATWELLS AVENUE</b>			Street Address <b>89 LAUREL HILL AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02909-3710</b>
Director Name <b>BROTHER OLUROTIMI KAYODE</b>			Director Name <b>BROTHER RAPHAEL OKELOLA</b>		
Street Address <b>15 HILTON STREET</b>			Street Address <b>2 DEVON STREET</b>		
City <b>PAWTUCKET</b>	State <b>RHODE ISLAND</b>	Zip <b>02860</b>	City <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02904</b>
9. REGISTERED AGENT IN RHODE ISLAND					
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

161014

**FILED**

File Date OCT 27 2011  
 Check No. 371  
 BY [Signature]  
 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] 10-16-2011  
 Signature of Officer Date  
**PASTOR FRANKLIN OLASANOYE**  
 Print or Type Name of Officer  
**CHURCH PASTOR**  
 Title of Officer