



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

2013 APR - 2 PM 4:09
 SECRETARY OF STATE
 CORPORATIONS DIV

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 162143		2. Exact name of the Corporation THE APOSTOLIC CHURCH PROVIDENCE ASSEMBLY	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH, PRAYER, COUNSELLING	
5. Principal office address 58 WASHINGTON ST		City PROVIDENCE	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name BAAH ACHAMFORD		Vice-President Name KWAME DARUO	
Street Address 58 WASHINGTON ST		Street Address 58 WASHINGTON ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02860		Zip 02860	
Secretary Name CHRISTINA ACHAMFORD		Treasurer Name RICHARD AYEEN COBBINAH	
Street Address 17 STERN ST		Street Address 58 WASHINGTON ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02860		Zip 02860	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name MAC KWAME OZHERE		Director Name KWAME DARUO	
Street Address 421 TOLLAND ST #305		Street Address 17 STERN ST	
City E HARTFORD	State CT	City PROVIDENCE	State RI
Zip 06905		Zip 02861	
Director Name BAAH ACHAMFORD		Director Name RICHARD AYEEN COBBINAH	
Street Address 58 WASHINGTON ST		Street Address 58 WASHINGTON ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02860		Zip 02860	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

FILED

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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.

BAAH ACHAMFORD 4/2/13
 Signature of Officer Date

BAAH ACHAMFORD
 Print or Type Name of Officer

PRESIDENT
 Title of Officer

File Date _____
 Check No _____
 By _____ BY _____
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