



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 2013

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. 158806		2. Name of Corporation WONDERHOUSE OF FAITH MINISTRIES	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 60 RIVER AVE	
5. Foreign corporation. Enter principal office address		City PROVIDENCE	Zip 02908
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHURCH			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT			
President Name PASTOR BETSY KIVIE		Vice President Name PASTOR VINCENT KIVIE	
Street Address 60 RIVER AVE		Street Address 60, RIVER AVE	
City PROVIDENCE	State RI	City PROV	State RI
Zip 02908		Zip 02908	
Secretary Name RICHARD OGUMOLA		Treasurer Name DOLLARIS ONWUASOANYA	
Street Address 8, MARVIN STREET		Street Address 17, ORTH STREET	
City PROV	State RI	City PAWUCKET	State RI
Zip 02909		Zip 02860	
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 RICHARD OGUMOLA		Director Name DOLLARIS ONWUASOANYA	
Street Address 8, MARVIN STREET		Street Address 17, ORTH STREET	
City PROV	State RI	City PAWT	State RI
Zip 02909		Zip 02860	
Director Name PST VINCENT KIVIE		Director Name OLABISI OGUNUDIKI	
Street Address 60, RIVER AVE		Street Address 3545 GRACE AVE	
City PROV	State RI	City BRONX	State NY
Zip 02908		Zip 10466	
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

FILED 10:19
Am

DEC 03 2013

By 212097 KM

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 of Officer Pst Vincent Kivie Date _____
Print or Type Name of Officer **PST VINCENT KIVIE**
Title of Officer **VICE PRESIDENT**

File Date _____
Check No. _____
By: _____

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