



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000120169		2. Exact name of the Corporation CHRIST APOSTOLIC CHURCH WOSEM Rhode Island Branch			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH FOR THE COMMUNITY, BIBLE READING, TEACHING			
5. Principal office address 311 Prairie Ave		City Providence	State RI	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name T.O. ORADARE		Vice-President Name			
Street Address 311 Prairie Avenue		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name AKIN AKANJI		Treasurer Name			
Street Address 292 Academy Avenue		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
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 Owolabi Olowookere		Director Name Kehinde Adewumi			
Street Address 44 Grand Street		Street Address 292 Academy Ave			
City Woonsocket	State RI	Zip 02895	City Providence	State RI	Zip 02908
Director Name Oluseyi Akanji		Director Name			
Street Address 19 Jason Drive		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
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.					

2014 MAY 30 AM 8:58
 DIVISION OF STATE CORPORATIONS

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 30 2014

BY AKIN 225228

8:62

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 or Authorized Representative: AKIN AKANJI
 Date: 5/30/14