



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

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

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

Date

Print or Type Name of Officer or Authorized Representative