



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 2012

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 W.O.S.E.M Rhode Island Branch			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 311 Prairie Avenue		City Providence	Zip 02905
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island CHURCH FOR THE COMMUNITY, BIBLE READING, Teaching					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name T-O OBADARE			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
8. 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 Adekunle		
Street Address 44 Grand St			Street Address 292 Academy Avenue		
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
9. 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
 SECRETARIAT OF STATE
 CORPORATIONS DIV

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

FILED ←

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.

File Date _____

Check No _____

By: BY Ch 225228

Signature of Officer Akin Akanji Date 5/30/14

FOR SECRETARY OF STATE USE ONLY

8:60

Print or Type Name of Officer AKIN AKANJI

Title of Officer Secretary