



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 2011

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>	Zip <u>02905</u>	
Secretary Name <u>AKIN AKANJI</u>		Treasurer Name	
Street Address <u>292 Academy Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
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 Olowokere</u>		Director Name <u>Kehinde Adewumi</u>	
Street Address <u>44 Grand St</u>		Street Address <u>292 Academy Avenue</u>	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Providence</u>
			State <u>RI</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>	Zip <u>02865</u>	
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

FOR SECRETARY OF STATE USE ONLY

File Date _____
 Check No _____
 By: AK 225228
 8:59

FILED ←
 MAY 30 2011
 8:59

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.

Akin Akanji 5/30/11
 Signature of Officer or Authorized Representative Date

Akin Akanji
 Print or Type Name of Officer or Authorized Representative