



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

STATE  
 CORPORATIONS DIV

**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. 486962		2. Exact name of the Corporation THE REDEEMED CHRISTIAN CHURCH OF GOD, Solid Rock Tabernacle for All Nations	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PROPAGATE THE DOCTRINE OF CHRISTIANITY AND EDUCATE THE PUBLIC ON THE TEACHINGS AND MORALS OF JESUS CHRIST.	
5. Principal office address 26 CRANDALL STREET		City PROVIDENCE	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name CHRISTIANAH ADEYO		Vice-President Name HENRY ARIBISALA	
Street Address 26 CRANDALL STREET		Street Address 45 BIRCH STREET	
City PROVIDENCE	State RI	City ATTLEBORO	State MA
Zip 02908		Zip 02703	
Secretary Name PETAL ARIBISALA		Treasurer Name SADE DISU-KOITA	
Street Address 45 BIRCH STREET		Street Address 92 RICHARD STREET	
City ATTLEBORO	State MA	City CRANSTON	State RI
Zip 02703		Zip 02910	
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 HENRY ARIBISALA		Director Name CHRISTIANAH ADEYO	
Street Address 45 BIRCH STREET		Street Address 26 CRANDALL STREET	
City ATTLEBORO	State MA	City PROVIDENCE	State RI
Zip 02703		Zip 02908	
Director Name SADE DISU-KOITA		Director Name PETAL ARIBISALA	
Street Address 92 RICHARD STREET		Street Address 45 BIRCH STREET	
City CRANSTON	State RI	City ATTLEBORO	State MA
Zip 02910		Zip 02703	
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 \_\_\_\_\_

**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.

Check No \_\_\_\_\_

JUL 08 2014

By: \_\_\_\_\_

Signature of Officer or Authorized Representative: Adeyo C-O Date: 6/30/14

FOR SECRETARY OF STATE USE ONLY BY CR 228058

Print or Type Name of Officer or Authorized Representative: Christianah Adeyo (President)