



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 157655		2. Exact name of the Corporation DIVINE GRACE EVANGELICAL MISSION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO EVANGELIZE, PROPAGATE, CHRIST, ACCORDING TO THE SCRIPTURE			
5. Principal office address 415 CHARLES STREET		City PROVIDENCE		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name LADY EVANGELIST GRACE M AKINBODE			Vice-President Name ELDER DAVID AKINDELE		
Street Address 8 LINK STREET			Street Address 42 KNIGHT STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City CENTRAL FALLS	State RI	Zip 02860
Secretary Name PROPHET ELDER JOSEPH A AKINBODE			Treasurer Name ABIMBOLA AKINBODE		
Street Address 8 LINK STREET NORTH PROVIDENCE			Street Address 8 LINK STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name LADY EVANGELIST M AKINBODE			Director Name PROPHET ELDER JOSEPH A AKINBODE		
Street Address 8 LINK STREET			Street Address 8 LINK STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Director Name EVANGELIST ISRAEL A AKINBO			Director Name		
Street Address 72 DARLING STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02860	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.					

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

SEP 12 2014

BY **KL 232152**

10:58

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 **M. Akindele** Date **9/8/14**

LADY EVANGELIST GRACE M AKINBODE

Print or Type Name of Officer or Authorized Representative