RI SOS Filing Number: 201450472980 Date: 11/28/2014 4:00 PM

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.	2. Exact name of the Corporation
000582513	celestial church of christ Divine Light Parish
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Church. For service and serving the needs of the community.

5. Principal office address	City	State	Zip
1828 West minister Pro. RI	Pro	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Tunde Atinlaps	Funke Atinlaps
Street Address: 1828 Westminster	Street Address: 1828 Westminster
City: Pro State: RI Zip: 02909	City: Pro State: RI Zip: 02909
Secretary Name: Prince Atinlaps	Treasurer Name: Helen Atinlaps
Street Address: 1828 Westminster	Street Address: 1828 Westminster
City: Pro State: RI Zip: 02909	City: Pro State: RI Zip: 02909

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Helen Atinlaps	Damilola Atinlaps
Street Address: 1828 Westminster	Street Address: 1828 Westminster
City: Pro State: RI Zip: 02909	City: Pro State: RI Zip: 02909
Director Name: Funke Atinlaps	Director Name:
Street Address: 1828 Westminster	Street Address:
City: Pro State: RI Zip: 02909	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

2014 NOV 28 PM 2:50 SECRETARY OF STATE CORPORATIONS DIV

FILED

NOV 28 2014

File Date
Check No 23752
By: BY

FOR SECRETARY OF STATE USE ONLY

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: 11/28/14

Helen Atinlaps — Director / Treasurer

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114311-1-982344