



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 2015

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>127408</u>		2. Exact name of the Corporation <u>THE CHURCH OF THE LORD (ALADURA) COORDINATE</u>			
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>PRAYER GROUP</u>			
5. Principal office address <u>33, AETNA ST</u>		City <u>C. FALLS</u>	State <u>R.I.</u>	Zip <u>02863</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>BAYO AKINWANDE</u>			Vice-President Name <u>MICHAEL ERINLE</u>		
Street Address <u>33, AETNA ST</u>			Street Address <u>76, WASHINGTON ST</u>		
City <u>C. FALLS</u>	State <u>R.I.</u>	Zip <u>02863</u>	City <u>C. FALLS</u>	State <u>R.I.</u>	Zip <u>02860</u>
Secretary Name <u>AYODELE AREOLA</u>			Treasurer Name		
Street Address <u>20, HOPKINS ST</u>			Street Address		
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02860</u>	City	State	Zip
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>ADERONKE ODERINDE</u>			Director Name <u>MERCY PEARL</u>		
Street Address <u>26, Washington St</u>			Street Address <u>33, Oaklawn St</u>		
City <u>C. Falls</u>	State <u>R.I.</u>	Zip <u>02860</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>0</u>
Director Name <u>FRIDAY AISACBONHI</u>			Director Name		
Street Address <u>10, Hopkins St</u>			Street Address		
City <u>Providence</u>	State <u>MASS</u>	Zip	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

MAR 05 2015

By CA 243838

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

10:42

Print or Type Name of Officer or Authorized Representative